

EAST LEROY ELEMENTARY  
4320 K Drive South  
East Leroy, MI 49051  
Ph: 269-729-5419  
Fax: 269-729-9648

**RELEASE OF SCHOOL RECORDS**

Student Enrolling: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Transferring From: \_\_\_\_\_  
(Previous School)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

UIC # : \_\_\_\_\_

I hereby grant permission for all records, grades to date, and related information to be sent to East Leroy Elementary School for enrollment.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Please fax the following information as soon as possible, than mail the complete CA60 file.  
Thank you for your prompt attention.

- Grades to Date
- Transcript
- Immunization Records
- Special Education Information (IEP, PA504, or accommodation plan)
- Discipline Information

\_\_\_\_\_  
Secretary/Registrar Date: \_\_\_\_\_

The Federal Reg. Vol. 41, No.118, Sec. 99>31, June 17, 1976 states

"Prior consent for disclosure not required...if the disclosure is to officials of another school or school system in which the student seeks or intends to enroll,