



Clinton Community Schools

REQUEST FOR STUDENT RECORDS

TO: _____ DATE: _____

Please send the following information regarding:

_____	_____
Student	Grade
_____	_____
Student	Grade

Please mail the complete CA 60 file (**including all Special Education info.** if applicable), to the appropriate building. Please fax or e-mail the most recent IEP or 504, transcript and/or report card as soon as you can for scheduling purposes.

Clinton Elementary

Attn: Records Dept.

200 E. Franklin St.

Clinton, MI 49236

Fax: 517-456-8201

michele.smerek@clinton.k12.mi.us

Clinton Middle School

Attn: Records Dept.

100 E. Franklin

Clinton, MI 49236

Fax: 517-456-4997

courtney.desjardins@clinton.k12.mi.us

Clinton High School

Attn: Records Dept.

340 E. Michigan Ave.

Clinton, MI 49236

Fax: 517-456-2042

shelbi.freeman@clinton.k12.mi.us

I consent to the release of the records, files, and data described above, which are to be divulged to the above source or agent pursuant to the REQUEST FOR ACCESS TO STUDENT RECORDS, FILES AND DATA.

Date

Signature of Parent/Guardian