Mason County Eastern Special Education Release of Records

		Date of Request:
The purpose of this request is: (please check on		Complete name and address:
☐ For Mason County Easter release records or inform		me:
- OR - ☐ For Mason County Easter receive records or inform		
Student Name:		Date of Birth:
Address:	r	
educational planning and will not be transferre	ion erapy Reports r Reports raluation release information as indicated above concernir d to a third party without written permission from ing professionally qualified personnel whose trair	Social History Speech Evaluation IEPT/MET OTHER: og the named individual. Information received will be used solely parents or legal guardian, licensed physician, registered nurse, ning and/or information would be useful. The parental release of
information to:	Mason County Eastern Schools 18 S.Main St. Custer, MI 49405	
rinted Student Signature or arent/Guardian if student is under 1	8: -	Telephone No.:
ignature of Student or Parent/Guardian if student is under 18:		Date:
School Personnel Signature:		Building:
The parental release of information and/or send	ing of school information is in compliance with Fe	deral Public Law 93-380. Parents, Legal Guardians, or students o

legal age may request a review and/or copy of the school records transferred. If this is desired, the school office should be notified. If you request a copy of the

school records being transferred, the school is relieved of the responsibilities for confidentiality of those records.

Sent: □Yes

Form: Release mce Revised: 12/10/13