

**CARMAN-AINSWORTH COMMUNITY SCHOOLS**

G-3475 West Court Street

Flint, Michigan 48532

Phone (810) 591-8283 Fax: (810) 591-3290

e-mail: sbryant@carmanainsworth.org

For Office Use  
Only

|                   |       |
|-------------------|-------|
| Last Name         | _____ |
| First Name        | _____ |
| Location/Tape #   | _____ |
| Date Records Sent | _____ |
| Sent By           | _____ |

**Consent to Release Student Records***PLEASE PRINT***Individual Records Requested:**

Transcript: \_\_\_\_\_ ACT: \_\_\_\_\_ Shots \_\_\_\_\_ Specific Records \_\_\_\_\_

Name: \_\_\_\_\_  
(Maiden Name or Name when Attending School) Married Name

Birth Date: \_\_\_\_\_ Last 4 of Social Security No. \_\_\_\_\_

School Attended: \_\_\_\_\_

Dates of Attendance (to the best of your memory) \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Graduation Year \_\_\_\_\_

**Check if applicable:** G.E.D. ☐ Adult Education ☐ Transfer ☐ Drop ☐**Current Information:**

Current Address: \_\_\_\_\_

City/State/Zipcode \_\_\_\_\_

Phone (Primary) \_\_\_\_\_ Phone (Secondary) \_\_\_\_\_

**Please send my records to the following address:**

Name: \_\_\_\_\_

Agency/School: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX \_\_\_\_\_

e-mail: \_\_\_\_\_

**OR**

I will pick up records on: \_\_\_\_\_

Best Time To Contact You: \_\_\_\_\_

I consent to the release by the Carman-Ainsworth Community Schools of the records, files and/or data of the individual listed above. I understand that I may review these records in accordance with the provisions of the Family Educational Rights and Privacy Act.

\_\_\_\_\_  
Signature of Student (if 18 or over) or Parent/Guardian\_\_\_\_\_  
Date