



Mount Clemens Community School District

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Last School Attended: _____

Address: _____
Street City Zip

Phone Number: () - Fax Number: () -

Student's Name	Birth Date	Grade

PLEASE MAIL STUDENT RECORDS TO:

Seminole Academy
Attention: Records Secretary
1500 Mulberry
Mount Clemens, Michigan 48043
Phone: (586) 461-3900
Fax: (586) 469-7027

PLEASE FORWARD SPECIAL EDUCATION RECORDS TO:

Lincoln – Special Education
91 Welts
Mount Clemens, Michigan 48043

Signature of parent/legal Guardian _____ Date _____

1st Request _____ 2nd Request _____ 3rd Request _____