

**FOWLerville SCHOOL DISTRICT
CONSENT FOR ACCESS TO STUDENT RECORDS**

Date: _____

If a student is 18 years of age or over, only he or she may consent to access of records. If a student is under 18, only the parents or guardians of the student may consent to access.

NAME AT TIME OF GRADUATION: _____

YEAR OF GRADUATION: _____ **High School** **Adult Ed** **Choices**

Address: _____

_____ Zip Code: _____

Phone Number: _____

Which records, files and/or data are to be released: _____

- Records should be given to individual seeking access to Student Records, Files and Data
- Records should be sent or faxed to the following address:

Fax Number: _____

I consent to the release by Fowlerville School District of the records, files and/or data described above to the above individual and/or to the agent pursuant to a Request for Access to Student Records, Files and Data.

Date

Signature of Student