

SWARTZ CREEK COMMUNITY SCHOOLS
Swartz Creek Academy
8197 Miller Road
Swartz Creek, MI 48473
PHONE: (810) 591-4380 FAX: (810) 591-4348

REQUEST FOR STUDENT RECORDS

(PLEASE PRINT CLEARLY)

DATE _____

NAME _____ M/F MAIDEN _____

ADDRESS _____

CITY _____ ZIP _____

BIRTHDATE _____ PHONE _____

NAME OF SCHOOL ATTENDED _____

ADDRESS OF SCHOOL ATTENDED _____

CITY & STATE _____ ZIP _____

LAST GRADE COMPLETED _____ LAST YEAR OF ATTENDANCE _____

AUTHORIZATION

I hereby authorize my former school to release my student records including but not exclusive to: transcript, immunization records, birth certificate, proof of residency, social security number and any court/legal documents to the Swartz Creek Academy, Swartz Creek Community Schools.

Student Signature

Parent/Guardian Signature (if student is under 18)

DATE _____

PLEASE RETURN THE ENTIRE CA-60 TO:

Swartz Creek Community Schools
Swartz Creek Academy
8197 Miller Road
Swartz Creek, MI 48473

<p>IMPORTANT Students under 18 years of age must have immunization records on file. <u>PLEASE FORWARD</u></p>
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