



K-12 Tribal Education
Saginaw Chippewa Tribe of Michigan
7444 East Broadway Mt. Pleasant, Michigan 48858
Youth Leadership Manager: Deb Smith 989-775-4071

RELEASE OF INFORMATION
Tribal Education

NAME: _____ BIRTHDATE: _____
GRADE: _____ AGE: _____
SCHOOL: _____

* 18 YEARS OR OLDER ONLY STUDENT'S SIGNATURE IS REQUIRED FOR CONSENT TO RELEASE INFORMATION

Parent/Guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
EMAIL: _____

Youth Achievement Advisor:
Organization: SCIT K-12 Department
Address: 7444 E Broadway, Mount Pleasant, MI 48858
Phone:
EMAIL:

It is requested that copies of records indicated below be released to the above named individual and/or agency. Also, that the above named individual/agency has access to student files and information regarding this student.

Information, Records, Files, and/or Data to be released: Grades; Attendance records; Achievement tests, results & comments; Aptitude tests, results & comments; Awards; Recommendations; Progress Reports; Disciplinary Actions; any and all other assessment data with monthly, semester, marking period and annual reporting procedures for each area of assessment.

Reasons for Release of Information/Records: To compile data and track/chart progress of individual student throughout the academic year.

I/We consent to the release of responsibility of the _____ School District for the information requested and released to the above named individual/agency. I/We have read and understand this release of information form and agreed to all terms and responsibilities.

Parent/Guardian Signature

Date