SUPERIOR CENTRAL SCHOOL DISTRICT
P. O. BOX 148
EBEN JUNCTION, MICHIGAN 49825

PARENT/GUARDIAN CONSENT FORM TO RELEASE STUDENT RECORDS

I hereby authorize _____ (Previous school district and address)

_____

_____

to furnish any and all information of an educational, medical, psychological, or other nature concerning the following student(s):

	Name of student	Grade	Birthdate
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SEND TO: SUPERIOR CENTRAL HIGH SCHOOL
Mrs. Deanne Kanerva, High School Secretary
P. O. Box 148
Eben Junction, MI 49825

It is understood that this information will be used in a confidential and professional manner in the best interest of the child.

If a student is eighteen years of age or older, only he/she may consent to access to records. If a student is seventeen years of age or under, only the parents or guardian may consent to access.

_____ _____
(Signature of Parent or Guardian) (Date)