

SAND LAKE ELEMENTARY

15 S. Seventh St. • Sand Lake, MI 49343 • phone: 616-636-5669 • fax: 616-636-4894

Date: _____

To: _____

Regarding:

Student's Name: _____

Grade: _____ **Birthdate:** _____

Student's Name: _____

Grade: _____ **Birthdate:** _____

Please send the permanent (CA 60) cumulative records on the above named student(s). Also include all confidential materials (including psychological, social work, health and other pertinent information). If the confidential file is with an agency other than the local school, the name and address of that agency would be appreciated.

This information is to be used for education planning and placement purposes only.

Thank you,

Krystyna Sweeney
Principal

It is with full knowledge and consent that I release the permanent (CA 60) cumulative records and confidential materials on the above named student(s) to:

**Sand Lake Elementary School
15 S. Seventh St.
Sand Lake, MI 49343**

Signed: _____
(Parent or Guardian)

Date: _____