



K-12 Tribal Education
Saginaw Chippewa Tribe of Michigan
7070 East Broadway Mount Pleasant, Michigan 48858
Youth Leadership Manager: Deb Smith 989-775-4071

RELEASE OF INFORMATION
Tribal Education

NAME: _____ BIRTHDATE: ___ / ___ / ___
SOCIAL SECURITY NUMBER: ___ / ___ / ___ GRADE: _____
SCHOOL: _____ AGE: _____

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

PARENT/GUARDIAN: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

YOUTH ACHIEVEMENT ADVISOR: _____
ORGANIZATION/AGENCY: _____
ADDRESS: _____
MOUNT PLEASANT, MI 48858 _____
TELEPHONE NUMBER (S): _____

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