

Oak Park School District

http://www.oakparkschools.org 13900 Granzon, Oak Park, MI 48237 (248) 336-7700 • Fax (248) 336-7778

Request for Release of Information

Requestee:				
Requestee Address	3:			
Phone:		Fax:		
Student Information	n:			
Name:		Date o	Date of Birth:	
Address:				
or relevant informat	ion regarding the abo	ve named individual health and wellnes	ial to provide records and/ . This will be kept s of the named party in	
The parent/guardia	n authorizes you to re	elease information to:		
□Administrator	☐Social Worker	☐School Nurse	☐School Counselor	
Parent/Guardian Na	ame:			
Signaturo:			Data:	