

Garden City High School, 6500 Middlebelt, Garden City, MI 48135

Requested release and/or consent for access to student records, files, data

If student is under 18, only the parents or guardians may consent to access of records.

If student is 18 years or over, only he or she may consent to access of records.

Student: _____ Grade: _____

Current Address: _____ Birthdate: _____

City: _____ State: _____ Zip: _____ Phone: _____

Year of Graduation: _____

Transcript/Records should be sent to the following address:

**There is a
\$2 charge
for each
transcript.**

In compliance with the privacy rights of parents and students Federal Act of 1974.

I/we consent to the release to/by Garden City High School of the records, files and data describe above which are to be divulged to the above names individual seeking access or agent.

Date: _____

Signature of student, parent, or guardian

Relationship