

South Lyon Community Schools

Authorization for Release and Exchange of Information

Student Name: _____ Date of Birth: _____

School Building Attending: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ Email: _____

I hereby authorize the release and exchange of otherwise confidential information between South Lyon Community Schools and:

Person/School's Name: _____

Person/School's Address: _____

Person/School's Phone Number: _____ Person/School's Fax Number: _____

I understand that any information released or exchanged will be treated in a confidential manner by the District and will not be transmitted to a third party without my permission. This authorization is valid for a period of the 2017-2018 school year unless earlier revoked by me in writing.

Signature of Parent/Guardian

Date

Relationship to Student

Please submit form to: Diane Bardsley or Jason Gilders
Millennium Middle School
61526 West Nine Mile Road
South Lyon, Michigan 48178
248-573-8200