

**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 2018-2019 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