## MILAN AREA SCHOOLS

100 Big Red Drive Milan, MI 48160 Phone: 734-439-5050 Fax: 734-439-5083

## REQUEST FOR RELEASE OF STUDENT CA-60 FILES

Name / Address of Previous School		
(School Name)		
(School Address)		
(City, State, Zip code)		
(Telephone Number)		
To Whom It May Concern:		
We are requesting the cumulative file well as immunizations/heath, records education and psychological records our schools.	s, birth certificate, spec	rial testing records, special
Student Name:		
First	Middle	Last
Birth date:	Current Grade:_	
Today's Date:		
	Signa	ture of parent or guardian

## Please send records to the address below:

Milan Area Schools Attention: Sue Krichbaum 200 Big Red Drive Milan, MI 48160

Thank you for your cooperation.