



FREMONT HIGH SCHOOL

5421 S. Warner
Fremont, MI 49412
Ph: (231) 924-7301 or 924-5300
Fax: (231) 924-9262
Web Site: fremont.net

REQUEST FOR RELEASE OF RECORDS

To: Registrar
School: _____

Fax: _____

From: Mrs. Carissa Campbell
Administrative Assistant

Date: _____

_____ has enrolled at Fremont High School.

The student's birth date is _____. The last date of attendance at your school in grade _____ was _____.

- o Please FAX the following to (231) 924-9262 or email to wingersoll@fremont.net
 - o Transcript
 - o Current Schedule
 - o Current IEP (if applicable)
 - o Exit Grades
 - o Discipline Records
 - o MME/ACT Scores (if applicable)
- o Mail Students Complete School Records to the address listed above

Sincerely,
Carissa Campbell
Administrative Assistant
Fremont High School

I authorize the release of all confidential records for the above named student to Fremont High School.

(Parent/Guardian/Student signature)

(Date)

Confidentiality Notice: The documents accompanying this fax transmission may contain confidential information. All information transmitted is intended only for the use of the above-named recipient. If you are not the named recipient, you are not authorized to read, disclose, copy, distribute, or take any action in reliance on the information and any action other than immediate delivery to the named recipient is strictly prohibited.