



"Student Centered—
Learning Focused—
World Ready"

FREMONT HIGH SCHOOL

Guidance Office

204 East Main Street

Fremont, MI 49412

Ph: (231) 924-7301 or 924-5300

Fax: (231) 924-9262

Web Site: fremont.net

Fax

REQUEST FOR RELEASE OF RECORDS

To: Registrar

From: Mrs. Wendy Ingersoll,
Counseling Office Secretary

School: _____

Date: _____

Fax: _____

_____ has enrolled at Fremont High School.

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

Please forward the complete student record including all educational, psychological, and medical information to the address indicated above. Also, please include the student's Portfolio, if available.

○ Please FAX the following to (231) 924-9262:

- FAX Transcript ASAP
- Birth Certificate
- Immunization Records
- Social Security

- Current Schedule
- Current IEP
- Exit Grades

○ Mail Students Complete School Records (K to date)

Sincerely,

Counselor

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.

