

Today's Date _____

AUTHORIZATION FOR RECORDS RELEASE

In compliance with the Family Educational Rights and Privacy Act of 1974, I hereby permit Ludington High School to release the records or copy of records of:

NAME _____
 First Initial Maiden Last

To: Name and address of school, organization or individual

Signature _____

Parent _____
(if under 18)

Date of Birth: _____

Graduated: Yes _____ No _____ Year _____

Left: Yes _____ Year _____

Send or fax completed form to:

Ludington High School Counseling Department

508 N Washington Avenue

Ludington MI 49431

fax: 231-845-3881