



AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CURRENT SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_ WITHDRAWAL FORM

\_\_\_\_ UNOFFICIAL TRANSCRIPT FOR ENROLLMENT PURPOSES (FAX OR EMAIL)

\_\_\_\_ OFFICIAL TRANSCRIPT (MAILED)

\_\_\_\_ HEALTH RECORDS WITH IMMUNIZATION DATES

\_\_\_\_ STANDARDIZED TEST RESULTS

\_\_\_\_ BIRTH CERTIFICATE

\_\_\_\_ WITHDRAWAL GRADES

\_\_\_\_ INDIVIDUAL EDUCATION PLAN OR 504 PLAN OR ELL PROGRAM INFORMATION

DISCIPLINE RECORDS

\_\_\_\_ OTHER \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SEND RECORDS TO:

Jill Rowley, Registrar  
The Greenspire School  
1026 Red Dr.  
Traverse City, Michigan 49684  
231.421.5905

[jill.rowley@greenspireschool.org](mailto:jill.rowley@greenspireschool.org)