

SCHOOL DISTRICT OF THE CITY OF RIVER ROUGE

DEPARTMENT OF SPECIAL SERVICES

1460 W. Coolidge Hwy., River Rouge, MI 48218

Telephone: 313-297-9600 Ext. 4618

Fax: 313-297-6778

Alisa Berry-Brown, Director

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

Student Name: _____

Date of Birth: _____

To Whom It May Concern:

Please send to the River Rouge School District as soon as possible any information which would be helpful in making a suitable educational plan for the student mentioned above, including but not limited to: _____. Information can also be shared by phone by reaching out to _____, (313) 297-9600 Ext. _____.

In compliance with the educational amendment act of 1974, (Public Law 90-380-ED. August 16, 1974) any information sent to River Rouge Schools by another agency will be made available for review upon the request of the student's parent(s) and/or legal guardian, or client, if over eighteen.

Signed by: _____
Parent or Guardian

Address: _____
Street City Zip Code

Telephone: _____
Home Work

Please Address Reply To: Attn: Special Services
School District of River Rouge
1460 W. Coolidge Hwy.
River Rouge, MI 48218
alisa.berry-brown@riverrougeschools.org

It is understood that the confidential nature of this information will be protected and it will be used only for the purpose of better understanding and meeting the educational needs of the above named student.