



Hudsonville Freshman Campus
3370 Allen Street
Hudsonville, MI 49426

(616) 669-1510

Fax: (616) 379-7993

REQUEST FOR STUDENT RECORDS

Date: _____

I hereby authorize: _____

(Previous School Name)

(Address)

(City)

(State)

(Zip)

to release the following information regarding:

Student's name: _____

Birthdate: _____

Grade Entering: _____

- CUMULATIVE SCHOOL RECORDS/FILES
- UIC Code
- CONFIDENTIAL FILES (If applicable: Psychological and Social Work Reports, I.E.P.C.'s etc.)
- STUDENT PORTFOLIO

Please send the above records to:

Hudsonville Freshman Campus
3370 Allen Street
Hudsonville, MI 49426

I authorize the release of the information requested above.

(Signature of Parent or Guardian)