

SCHOOL DISTRICT OF THE CITY OF PONTIAC

47200 Woodward Ave  
Pontiac, MI 48342  
248-451-6800

AUTHORIZATION FOR RELEASE/EXCHANGE OF EDUCATION RECORDS

To Attorney Darryl Segars:

I hereby authorize the School District of the City of Pontiac to release/exchange information and share communication in verbal, written, and/or electronic form regarding:

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

The confidentiality of the information received will be protected by the State of Federal guidelines regarding the collection, maintenance and dissemination of student records (Family Education Rights and Privacy Act of 1974).

Information for release includes the following: (Please Check)

- \_\_\_\_\_ Grades Report Card
- \_\_\_\_\_ Standardized Test Results
- \_\_\_\_\_ Health/Immunization Records
- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ Transcripts/Credit Data
- \_\_\_\_\_ Discipline Records

- \_\_\_\_\_ Psychological/Psychoeducational/  
Neuropsychological Evaluation
- \_\_\_\_\_ Psychiatric Evaluation
- \_\_\_\_\_ Special Education Data (ER, IEP)
- \_\_\_\_\_ Gifted Education Data (if separate from  
special education)
- Other, Please Specify:

PLEASE SEE ATTACHED SUBPOENA OR LETTER REQUEST.

The purpose and need for disclosure: \_\_\_ Transfer of Care  Attorney Request \_\_\_ Disability  
\_\_\_ Workers' Comp \_\_\_ Social Security \_\_\_ Insurance \_\_\_ Other \_\_\_\_\_

Please release my records to: RECORDS DEPOSITION SERVICE, INC  
P.O. BOX 5054, SOUTHFIELD, MI 48086-5054  
P: 248-357-3330 F: 248-357-3337

\_\_\_\_\_  
Signature of: \_\_\_ Student \_\_\_ Personal Representative

\_\_\_\_\_  
Printed Name

Dated: \_\_\_\_\_

\_\_\_\_\_  
If Personal Representative – Relationship to Student