

CRAWFORD AUSABLE SCHOOL DISTRICT  
GRAYLING HIGH SCHOOL  
1135 N. OLD U.S. 27  
GRAYLING, MI 49738

Consent for transmittal of school records

Student's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I hereby authorize the above student's records to be shared with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student signature: \_\_\_\_\_  
(If student is 18 years of age)

Parent signature: \_\_\_\_\_  
(If student is under 18 years of age)

Date: \_\_\_\_\_