



Nottawaseppi Huron Band of the Potawatomi
A Federally Recognized Tribal Government

Education Department and Committee
2221 1 ½ Mile Road, Fulton, Michigan 49052
Phone: (269) 729-5151 • Fax: (269) 729-4837

RELEASE OF INFORMATION

NHBP EDUCATION DEPARTMENT
PARENT/STUDENT ADVOCATE PROGRAM

NAME: _____ BIRTHDATE: ____/____/_____
GRADE: _____
SCHOOL: _____ AGE: _____

*** 18 YEARS OR OLDER ONLY STUDENT'S SIGNATURE IS REQUIRED FOR CONSENT TO RELEASE INFORMATION**

PARENT/GUARDIAN: _____
ADDRESS: _____ E-Mail: _____
CITY: _____ STATE: _____ ZIP CODE: _____

PARENT/STUDENT ADVOCATE: _____
ORGANIZATION/AGENCY: Nottawaseppi Huron Band of the Potawatomi
ADDRESS: 2221 1 ½ Mile Road, Fulton, MI 49052
E-Mail: jkorn@nhbpi.com
TELEPHONE NUMBER (S): 269.729.5151

It is requested that copies of records indicated below be released to the above named individual and/or agency. Also, that the above named individual/agency has access to student files and information regarding this student.

Information, Records, Files, and/or Data to be released: Grades; Attendance records; Achievement tests, results & comments; Aptitude tests, results & comments; Awards; Recommendations; Progress Reports; Disciplinary Actions; any and all other assessment data with monthly, semester, marking period and annual reporting procedures for each area of assessment.

Reasons for Release of Information/Records: To compile data and track/chart progress of individual student throughout the academic year.

I/We consent to the release of responsibility of the _____ School District for the information requested and released to the above named individual/agency. I/We have read and understand this release of information form and agreed to all terms and responsibilities.

Parent/Guardian Signature

Date