



Clara B. Ford Academy
20 651 West Warren
Dearborn Heights, MI 4 8 127
313-436-0020
Cbfacademy.com

REQUEST FOR STUDENT RECORDS

(MUST COMPLETE ENTIRE FORM TO RECEIVE REQUESTED REORDS)

NOTE: Only parents, legal guardians, or legal age students may request the release of student records. Photo ID must be provided for identification verification.

Student's Name: (last) (first) (middle)

Date of Birth: (month/ day/year)

Student's Status: Previous Student Graduate Current Student

Last attended or Graduation Date: (month/year)

I hereby request Clara B. Ford Academy to release educational records to:

Name of Person, School and/or: Organization

Address:

City, State, Zip Code:

Phone Number:

I consent to the release of these records as indicated above:

Printed Name:

Signature:

Relationship to Student:

Address:

City, State, Zip Code:

Contact Number:

Date of Request:

OFFICE USE ONLY

Provided by: on