

# MINUTE MAN SERVICES, INC.

3318 N. MAIN, ROYAL OAK, MICHIGAN 48073 (248) 585-6300 ♦ FAX (248) 585-5822

## AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

TO: \_\_\_\_\_

RE: \_\_\_\_\_

MAIDEN NAME AND/OR ALIAS: \_\_\_\_\_

SCHOOLS ATTENDED: \_\_\_\_\_

\_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

I, \_\_\_\_\_, AUTHORIZE ANY SCHOOL, PRESCHOOL, ELEMENTARY, MIDDLE, JUNIOR HIGH, HIGH SCHOOL, COLLEGE, TRADE SCHOOL OR ANY OTHER LEARNING INSTITUTION, CURRENT OR PAST, TO RELEASE ANY AND ALL INFORMATION, INCLUDING SCHOOL ENTRY EXAMINATIONS, APPLICATIONS TO LEARNING INSTITUTIONS, ATTENDANCE RECORDS, HEALTH RECORDS, ACADEMIC GRADES, DISCIPLINARY ACTIONS, AWARDS, GRANTS AND SCHOLARSHIPS TO **MINUTE MAN SERVICES, INC.**, FOR THE PURPOSE OF COPYING RECORDS. THE INFORMATION BEING SOUGHT IS TO BE USED IN THE EVALUATION OF A PENDING LEGAL SUIT. FAILURE TO AUTHORIZE RELEASE OF THIS INFORMATION MAY CAUSE DELAY IN THE PROCESSING OF THAT SUIT. A PHOTOSTATIC COPY OF THIS AUTHORIZATION SHALL SERVE IN STEAD.

THIS AUTHORIZATION IS VALID FOR ONE (1) YEAR AFTER THE DATE IT IS SIGNED, BUT MAY BE REVOKED ON WRITTEN REQUEST TO **MINUTE MAN.**

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

PATIENT/PARENT/ SPOUSE/GUARDIAN/CONSERVATOR/EMPLOYEE

**SUBSCRIBED AND SWORN TO BEFORE ME THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, **20** \_\_\_\_\_

**NOTARY PUBLIC,** \_\_\_\_\_ **COUNTY, MIMY COMMISSION EXPIRES:** \_\_\_\_\_

**NOTARY SIGNATURE:** \_\_\_\_\_