

# Summerfield Elementary School

232 East Elm Street  
Petersburg, Michigan 49270  
Phone: (734) 279-1013 • Fax: (734) 279-1017



Jodi L. Bucher  
Principal

Date \_\_\_\_\_

I authorize the holder of medical, regular educational, special educational information, and any disciplinary suspension or expulsion records regarding:

<u>NAME OF STUDENT</u>	<u>BIRTH DATE</u>	<u>GRADE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To receive/release this information needed to plan and operate a program for the above named student(s) to:

Summerfield Elementary School  
232 Elm St.  
Petersburg, Michigan 49270

Name and Address of  
School Last Attended:

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

Phone: _____
Fax: _____

\_\_\_\_\_  
Signature of Parent/Guardian