



Official Records/Transcript Release

I hereby authorize the following school to release the following official student records, including Special Education records if applicable:

Student's Name _____ Grade _____ Birthdate _____
 Name of School _____
 School's Address _____
 City _____ State _____ Zip Code _____
 Local School District _____
 Fax phone # _____

 Signature _____ Date _____ Parent/Guardian _____
 HFA: SCS School Administrator _____ Date _____

Please send complete official school records of the above named student as soon as possible. Please include transcript, grades to date, standardized test scores, health records, psychological testing information, discipline record, and any other information that would be helpful. Mail or fax to:

Henry Ford Academy: School for Creative Studies
 ATTN: Records and Compliance Dept.
 485 W. Milwaukee St.
 Detroit, MI 48202

Fax #: 1.888.713.2351

- 1st Request Date: _____
- 2nd Request Date: _____
- 3rd Request Date: _____