



I GIVE MY PERMISSION TO HAVE MY TRANSCRIPTS FORWARDED FROM:

**TRAVERSE BAY AREA INTERMEDIATE SCHOOL DISTRICT
ADULT EDUCATION OFFICE
TRAVERSE CITY, MI 49686
FAX 231-922-3737
PHONE 231-922-3754**

TO:

FEDERAL STATUE ENTITLED: PRIVACY RIGHTS OF PARENTS AND STUDENTS

Schools may send a student's educational record to officials of other school systems where the student is planning to enroll, upon the condition that the student's parents or students over 18 years of age be notified of the transfer. The student must also receive a copy of the record if desired and have an opportunity to challenge the content of the record.

Student's Last Name Maiden Name First Name Middle

Date of Birth: _____ Graduation Year: _____

Student Signature

PLEASE SEND OR FAX COMPLETED FORM TO:

**NORTHWEST MICHIGAN WORKS
C/O NICOLE O'NEAL
1209 SOUTH GARFIELD SUITE C
TRAVERSE CITY, MI 49686
FAX (231) 922-3737**

OFFICE USE ONLY:

Date Sent _____