



Hazel Park School District – Central Enrollment Office

Alternative Education Vendor Programs

1620 E. Elza Ave., Hazel Park, MI 48030

Phone: (248) 658-5200

Fax: (248) 542-0242

Coordinating Supervisor

Coordinating Supervisor

Stephanie Dulmage

Carla Postell

Release of Information

(Please print below the last school name & address students was enrolled in)

Previous School: _____ Date Attended: _____

School Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

STUDENT FULL NAME: _____ BIRTHDATE: _____

CURRENT GRADE LEVEL: _____ RELATIONSHIP TO STUDENT: _____

SIGNATURE: _____ DATE: _____

Please fax or email the following requested information at your earliest convenience:

- Discipline Records**
 Attendance
 Transcripts (Grades 9-12)
 Most Recent IEP
 (if applicable)

Please send the complete CA-60 with health records, transcripts, and any other academic information you might have to:

U.S. Mailing Address:

_____ **Ford Administration Building**
 1620 E. Elza, Hazel Park, MI 48030
 Attn: Kathy Osborne

or

Scan & Send to:

Kathy.osborne@hazelparkschools.org

Fax: (248) 542-0242

Please send ALL SPECIAL EDUCATION INFORMATION

(Psychological Testing, Social Work Summaries, I.E.P.C.'s, etc.)

To: Hazel Park Schools
 Attn: Vita Lusk - Director of Special Education or
 1620 E. Elza
 Hazel Park, MI 48030

Email to:
 vita.lusk@hazelparkschools.org
Fax to:
 (248) 544-5443 / Attn: Vita Lusk

Information Requested by: **Hazel Park Schools**

Name: _____

Email: _____

Phone: _____

Date: _____