

**MILAN AREA SCHOOLS**  
**100 BIG RED DRIVE**  
**MILAN, MI 48160**  
**734-439-5050**  
**www.milanareaschools.org**



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**REQUEST FOR RELEASE OF STUDENT CA-60 FILES**

Name / Address of Previous School

\_\_\_\_\_  
(School Name)

\_\_\_\_\_  
(City, State, Zip code)

\_\_\_\_\_  
(Telephone Number)

**To Whom It May Concern:**

**We are requesting the cumulative file (CA-60), please include the Michigan UIC Code, as well as immunizations/health, records, birth certificate, special testing records, special education and psychological records for the following student who has enrolled at one of our schools.**

Student Name: \_\_\_\_\_  
                            First  Middle  Last

Birth date: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_

**Please send records to the address below:**

**Milan Area Schools**  
**Attention: Rosalind Martin**  
**200 Big Red Drive**  
**Milan, MI 48160**

**Thank you for your cooperation.**