

H. H. DOW HIGH SCHOOL
3901 N SAGINAW RD
MIDLAND MI 48640
PH: 989-923-5382 FAX: 989-923-5301


RELEASE OF STUDENT RECORDS

To: _____ Date: _____
_____ Phone: _____
_____ Fax: _____

Please send the following for:

Student _____
Birth date _____
Grade _____
Date of Entry _____

Transcript of credits, report cards
Standardized test scores
Attendance records
Immunization records
Physical for athletic participation
Discipline reports, if applicable
Withdrawal grades (if student left before end of semester)
Notification of referrals



Diane Bush, Registrar

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I hereby authorize the release of confidential records information to:

Diane Bush
Registrar
H. H. Dow High School
3901 N Saginaw Rd
Midland MI 48640

Parent/Guardian Signature
Date _____