



**Michigan Department of Education Office of Special Education  
June 2021**

## **Release of Information Model Form**

### **Student Information**

Student Name:

Date of Birth:

### **Parent/Guardian Information**

Name:

Relationship:

Phone Number:

Email Address:

### **Complainant Information**

Agency Name (if applicable):

Complainant Name:

### **Consent for Release**

Regarding the state complaint filed on behalf of the aforementioned student, I give permission for the following:

1. The Michigan Department of Education (MDE) may send state complaint communications to the complainant, including but not limited to, the issues letter and final decision.
2. The MDE may communicate with the complainant via verbal or written communication.
3. The complainant may provide the MDE with student education records or any other records relevant to the state complaint.

## Copies of Correspondence

If you wish to receive copies of all letters and reports sent to the complainant regarding the state complaint, please provide a current address.

Parent Name:

Street Address:

City:

State:

Zip Code:

By signing this form, I am permitting the MDE and complainant to communicate in any of the manners listed above regarding the state complaint. I understand this release is valid for one calendar year. I have the right to withdraw my consent at any time.

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Parent Signature

Date