



Michigan Islamic Academy

"...AND SAY: LORD, INCREASE ME IN KNOWLEDGE"

RELEASE OF STUDENT RECORDS

Please indicate the information of your child's previous school

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

I, _____ the parent/guardian of the student named below, wish to enroll my child in Michigan Islamic Academy. I authorize the release of all academic, disciplinary, and health records for the named student to Michigan Islamic Academy. I also grant the school permission to inquire about previous academic and behavioral performance of the named student.

Please send all academic, disciplinary, and health records as well as any other reports that would assist us in evaluating and placing this student.

(Student's Name) . (Date of Birth)

ALL RECORDS SHOULD BE SENT TO:

**Michigan Islamic Academy
2301 PLYMOUTH RD.
ANN ARBOR, MI 48105**

Parent/Guardian Signature: _____ Date _____



Michigan Islamic Academy

"...AND SAY: LORD, INCREASE ME IN KNOWLEDGE"