



ACADEMIC RELEASE FORM

Name of School _____

Student's Name _____

GPA _____

I authorize my child's school to release his/her GPA, transcript, or other academic information to the Freedom Academy and/or the Michigan National Guard. I understand that the information will be used for the sole purpose of determining eligibility for participation in the Freedom Academy program.

Parent's Signature _____

Date _____

Note: Please complete and give this document to your school counselor immediately. Your school will be called to verify your GPA prior to your acceptance at the Freedom Academy.