



SCHOOLS OF CHOICE VERIFICATION LETTER AND AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name _____ Date of Birth _____

I give permission for the release of information to **East Lansing Public Schools** regarding ALL out-of-school suspensions and/or expulsions within the past two (2) years.

Signature _____ Date _____

This completed form must accompany the student's Schools of Choice application. Parentes or guardians must fill in the above portion and then have the administrator, or designee, of each school the student has attended complete the bottom portion. If the student attended different districts within the past two (2) years, a separate form is required for each district. **Please duplicate if necessary.**

If the student is entering Kindergarten, it will not be necessary to have the bottom portion completed. Please complete the top portion only and return to Kelly Hocquard, at schoolsofchoice@elps.us.

District and School _____ School year of Attendance (ex. 2023-24) _____

Dear School Administrator:

Please provide the following information regarding the above-indicated student.

Has the student had any out-of-school suspension from your school and/or district within the past two (2) years?

- ☐ Yes If yes, please explain _____
- ☐ No

Has the student ever been expelled from your school and/or district?

- ☐ Yes If yes, please explain _____
- ☐ No

Signature of School Administrator _____

Phone number or email address _____

District and School Name _____

Fully completed verification form must be submitted to Kelly Hocquard, at schoolsofchoice@elps.us by June 16, 2025 at 4:00 pm in order to be considered.