



## 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. Families 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 attended a school within **East Lansing Public Schools** during the past two (2) years or 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](mailto: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](mailto:schoolsofchoice@elps.us) by June 17, 2024 at 4:00 pm in order to be considered. Applications and verifications received after the deadline will not be accepted.