

TRIAD COMMUNITY UNIT SCHOOL DISTRICT #2
Serving the communities of Marine, St. Jacob and Troy, Illinois
 Triad Consent for Release of Information & Records

Name of last school attended: _____

School address: _____

School phone number: _____

Dear Madam/Sir:

I, _____, the parent/guardian of the following listed student(s), consent to have all academic, health, psychological and special education records sent to the school indicated beside the student name(s) listed below.

Triad High School
 703 East U.S. Hwy. 40
 Troy, IL 62294
 Fax: 618-667-9608

C.A. Henning Elementary
 520 East U.S. Hwy. 40
 Troy, IL 62294
 Fax: 618-667-5565

Marine Elementary
 725 W. Division Street
 Marine, IL 62061
 Fax: 618-887-4092

Triad Middle School
 9539 East U.S. Hwy. 40
 St. Jacob, IL 62281
 Fax: 618-644-9435

Silver Creek Elementary
 209 North Dewey Street
 Troy, IL 62294
 Fax: 618-667-3087

St. Jacob Elementary
 305 Jacob Street
 St. Jacob, IL 62281
 Fax: 618-644-5474

Illinois public schools are requested to include a copy of the Illinois Student Transfer Form with student(s) records.

The student(s) named below were enrolled in the Triad Community Unit School District #2 on

_____.

Student name(s):	Age:	Grade:	School Assignment:	Date of Birth:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

 Parent/Guardian Signature

 Date

 Principal Signature

 Date