

INSTRUCTIONS:

1. All sections must be completed except for "Official Use."
2. Upon completion, all copies are submitted to school.
3. Action taken by school is recorded on form and on "Pupil Record Log."
4. One copy of this form is placed in pupils folder.

AUTHORIZATION FOR PUPIL RECORD RELEASE

SENECA C. C. GRADE SCHOOL
 174 Oak Street
 Seneca, Illinois 61360
 Phone: (815) 357-8744
 Fax: (815) 357-1516

STUDENT'S NAME - LAST NAME FIRST _____

ADDRESS _____ PHONE _____

GRADE (CIRCLE) K 1 2 3 4 5 6 7 8 9 10 11 12

STUDENT'S D.O.B. _____ DATE OF REQUEST _____

I AUTHORIZE THE SCHOOL DISTRICT LISTED BELOW TO RELEASE STUDENT'S RECORDS AS SPECIFIED HEREAFTER TO THE ADDRESS NOTED ABOVE

RECORDS AUTHORIZED FOR RELEASE

- | | |
|--|--|
| <input type="checkbox"/> ACADEMIC RECORDS | <input type="checkbox"/> PSYCHOLOGICAL EVALUATIONS |
| <input type="checkbox"/> ACHIEVEMENT TESTS | <input type="checkbox"/> SPEECH/LANGUAGE EVALUATIONS |
| <input type="checkbox"/> I.Q. TESTS | <input type="checkbox"/> CURRENT IEP REPORT |
| <input type="checkbox"/> HEALTH RECORDS | <input type="checkbox"/> SOCIAL DEVELOPMENT HISTORY |
| <input type="checkbox"/> ATTENDANCE RECORDS | <input type="checkbox"/> DISCIPLINE RECORDS |
| <input type="checkbox"/> OTHER (SPECIFY) _____ | <input type="checkbox"/> OTHER (SPECIFY) _____ |

FOR OFFICIAL USE ONLY

PREPARED BY _____
 DATE SENT _____
 COMMENTS _____

SIGNATURE OF PARENT/GUARDIAN _____
 SIGNATURE OF STUDENT (IF OF MAJORITY AGE) _____

WHITE—MAIL COPY

CANARY—STUDENT'S FOLDER

PINK—OFFICE USE