



Taylorville CUSD #3
512 West Sprester
Taylorville, IL 62568
Phone: (217) 824-4951
Fax: (217) 824-5157

Release of Student Records

(Please complete this page for each child)

Please accept this document as formal approval for the release of all official school records (including transcripts, testing information, special education, health and immunization records).

STUDENT INFORMATION

Student's Full Name: _____
First Middle Last

Student's Date of Birth: ____/____/____ Grade: ____
mm dd yyyy

PRIOR SCHOOL INFORMATION

I hereby authorize _____
(Name of Prior School)

School Phone: _____ Fax: _____

to release a copy of the above mentions student's records due to his/her transfer of enrollment to the Taylorville
Community Unit School District #3.

Name of Parent or Legal Guardian: _____
First Last

Signature: _____ Date: _____

SCHOOL OFFICIALS ONLY:

Send student records to: North Elementary School

805 N. Cherokee
Taylorville, IL 62568
Phone: (217) 824-3315
Fax: (217) 824-5949