## **HIGHLAND COMMUNITY UNIT SCHOOL DISTRICT NO. 5**

Serving the Communities of Alhambra, Grantfork, Highland, New Douglas, and Pierron

MICHAEL S. SUTTON
SUPERINTENDENT OF SCHOOLS



DEREK A. HACKE
ASSISTANT SUPERINTENDENT - INSTRUCTION
MARI E. NEKOLA
BUSINESS MANAGER

CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	DATE OF
STUDENT NAME	BIRTH
GRADE LEVEL ADDRESS	
TELEPHONE W	ORK/CELL PHONE
PARENT/GUARDIAN	
NAME	
	on needed for assessment purposes and/or to exchange
information to individuals who the parent r	equest such information be forwarded.
I, authorize	
(sending school)	
(street address, city,	state, zip)
To exchange information/records with:	Highland Community Unit School District No. 5
	400 Broadway
	Highland, IL 62249
The information which I have indicated bel	low:
	dministrative records, IL Student Transfer Form,
class rank, attendance record	ds, group aptitude & achievement test results
Medical and/or related hea	alth records
Psychological evaluations or social work reports	
Multidisciplinary Team evaluations & related reports	
Appropriate agency reports	
Individualized Education Program	
	an of the above name student or that I am the student of
majority age and have the authority to sign	this release. Your prompt reply will be most appreciated.
(Signature of	Parent/Guardian or student, if adult/Relationship)
Date Address	
Please send to school marked below:	
Highland Primary (Fax: 618-654-1591)	Alhambra Primary (Fax: 618-488-2201)
Highland Elementary (Fax: 618-654-8767) Highland Middle School (Fax: 618-654-155	302 West Main St., Alhambra, IL 62001  Grantfork Elementary (Fax: 618-675-2204)
Highland High School (Fax: 618-654-6548)	