

Arthur Community Unit School District #305

Authorization for Release of Information

To: _____

Address: _____

I hereby authorize and request you to release information to:

Arthur CUSD #305

Regarding:

Name: _____ Birthdate: _____

Address: _____

Phone: _____

School last attended: _____

Information Requested:

- Official School transcripts
- Health records
- Grades and attendance to date of withdrawal
- Standard achievement scores
- Psychological information
- Intelligence and aptitude test data
- Special Education record
- R.T.I. Interventions

Immunization Information

Medical Information: _____

Parent/Guardian Signature: _____ Date: _____

Arthur Grade School: 217-543-2109 / Fax: 217-543-2308

Atwood-Hammond Grade School: 217-578-2229 / Fax: 217-578-3314

Lovington Grade School: 217-873-4318 / Fax: 217-873-6120

Arthur Lovington Atwood Hammond High School: 217-543-2146 / Fax: 217-543-2174