**Student Records Release Form**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ DoB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UIC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Date of Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the release of the educational records of my child to the following individual or institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The educational records may include, but are not limited to, the following:

| * Transcripts
 | * Attendance Records
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| --- | --- |
| * Discipline Records
 | * Immunization Records
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| * Birth Certificate
 | * Withdrawal Grades
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| * IEP/504 Plan
 | * Medical File
 |
| * CA-60
 | * Psychological Reports
 |
| * Physical Therapist
 | * Social Worker Reports
 |
| * Occupational Therapist
 | * Speech Therapist
 |

Has the student received special education or 504 services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_