

Release of Records Authorization

Student's Name: _____

Last Grade Completed: _____ Date of Birth: _____
mm/dd/yyyy

I hereby give permission for the release of all school records, including all Special Education records (psychological reports, I.E.P.'s, MDC reports, speech and language evaluations, social work reports, etc.) regarding the student above to:

Big Hollow School District #38
26051 W. Nippersink Rd.
Ingleside, IL 60041
ATTN: Enrollment Records – District Office

Name of Previous School: _____

Street Address: _____

City, State, Zip Code: _____

School Phone #: _____ Fax #: _____

Signature of person making request: _____

Typing your name in the signature field is evidence of your signature and acknowledges all information submitted is accurate and correct.

Date: _____ Relation to student: _____

Under public law 93-380, now amended in Section 99.34 PL94-568 a parent signature is not required for such records to be sent to another educational institution.

Please fax the following information so that student can complete registration:

IL State Board of Education Transfer Form

Most recent physical with immunizations

Most recent IEP and Psychological report

Last report card

The rest of the cumulative file information can be mailed to the above address.

Birth Certificate