



Release of Records Authorization

Student's Name: _____

Last Grade completed: _____ Date of Birth: _____

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: Middle School Office
Phone: 847-740-5322
Fax: 847-740-9172

Name of previous school: _____

Street address: _____

City, State, Zip Code: _____

School phone #: _____ Fax #: _____

Signature of person making request: _____

Date: _____ Relationship 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 the 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

Birth Certificate

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