

Ed Hood Principal (08) 482-2720

Phone: (708) 482-2720 Fax: (708) 482-2724 Email: ehood@d105.net Website: www.d105.net

PARENT'S CONSENT TO RELEASE STUDENT RECORDS

| Previous School Information | |
|---|--|
| City and State: Previous School's Phone #: Provious School's Fay #: | |
| Office of the Principal, | |
| The following student(s) have enrolled in our school: | |
| Name: | Grade: |
| Please forward to us all cumulative records, student transfer psychological reports, educational test scores, case history, a special education records/I.E.P, if applicable. | the state of the s |
| Also, please include any other personal data that would be be prompt attention to this matter is greatly appreciated. | eneficial to us in helping new students to adjust. Your |
| Please send records to the school address listed above. | |
| | Thank You, |
| I am the Parent/Guardian of the above student(s). I authoriz educational purposes. | e the release of records from the above named school for |
| Signature of Parent/Guardian: | Date: |