



# Hodgkins School

6516 Kane Ave.  
Hodgkins IL 60525

Svetlana Popovic  
Principal

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## PARENT'S CONSENT TO RELEASE STUDENT RECORDS

### Previous School Information

Name of School: \_\_\_\_\_  
Address of Previous School: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Previous School's Phone #: \_\_\_\_\_  
Previous School's Fax #: \_\_\_\_\_

Office of the Principal,

The following student(s) have enrolled in our school:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please forward to us all cumulative records, student transfer form, medical and dental records, counseling and psychological reports, educational test scores, case history, annual progress or student support team reports, as well as special education records/I.E.P, if applicable.

Also, please include any other personal data that would be beneficial to us in helping new students to adjust. Your prompt attention to this matter is greatly appreciated.

Please send records to the school address listed above.

Thank You,

I am the Parent/Guardian of the above student(s). I authorize the release of records from the above named school for educational purposes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_