



509 South Mattis Avenue
Champaign, IL 61821
Phone: (217)359-1714
Fax: (217)359-7972

Release of Records

Student Name: _____ **Date of Birth:** _____

Please release the official educational records for the student named above. This would include a copy of the student's report card, attendance record, standardized test results, immunization and health records, any specialized assessments, and other information which may be helpful in planning and implementing the student's school program.

Educational records are to be released from:

(Give complete name, address, phone and fax number of last school attended.)

I, the undersigned, give permission for the release of information as designated above.

Parent/Guardian Signature: _____ **Date:** _____