REQUEST FOR STUDENT RECORDS

I, ________________________________ (parent/guardian), hereby request that ________________________________ (Name of School, Institution, or Agency) located at ________________________________ (address) release records for the purpose of registration and placement in

Please choose appropriate school:

☐ Cass Junior High School
   8502 Bailey Road
   Darien, IL 60561-5333

☐ Concord Elementary School
   1019 Concord Place
   Darien, IL 60561-5124

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
<th>Grade</th>
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I have indicated the information requested for release by checking the appropriate box(es) below:

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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| ☐   | ☐  | All information available
| ☐   | ☐  | (if the answer to this question is “No” please check the appropriate boxes below)
| ☐   | ☐  | Health and medical data (required for ALL students)
| ☐   | ☐  | Grades
| ☐   | ☐  | Achievement, Scholastic Aptitude, and Standardized Test Scores
| ☐   | ☐  | Special Education (if available)
| ☐   | ☐  | Attendance
| ☐   | ☐  | Other ________________________________

Name of Parent/Guardian (please print) ____________ Date ____________

__________________________
Signature of Parent/Guardian