



## 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

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Grade

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Grade

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Grade

I have indicated the information requested for release by checking the appropriate box(es) below:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	All information available <i>(if the answer to this question is "No" please check the appropriate boxes below)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Health and medical data (required for ALL students)
<input type="checkbox"/>	<input type="checkbox"/>	Grades
<input type="checkbox"/>	<input type="checkbox"/>	Achievement, Scholastic Aptitude, and Standardized Test Scores
<input type="checkbox"/>	<input type="checkbox"/>	Special Education (if available)
<input type="checkbox"/>	<input type="checkbox"/>	Attendance
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

\_\_\_\_\_  
 Name of Parent/Guardian (please print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent/Guardian