



Student Record Release Authorization Form

Cass School District 63

I, _____ (*parent/guardian of student*), hereby request that

(*Name of former School, Agency or Institution*)

(*Address of former School, Agency or Institution*)

release records for the purpose of admission and placement to

Cass Junior High School
8502 Bailey Road
Darien, Illinois 60561-5333
331-481-4000 Fax: 331-236-0338

Concord Elementary School
1019 Concord Place
Darien, Illinois 60561-5124
331-481-4000 Fax: 331-241-6380

for the following student(s)

Name of Student	Birth Date	Grade
_____ Name of Student	_____ Birth Date	_____ Grade
_____ Name of Student	_____ Birth Date	_____ Grade

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

- YES NO
- All Information Available

If the answer to the above question is not YES, please check the appropriate boxes below:

- Health and Medical Data (Required for all students)
- Grades, Achievement, Scholastic Aptitude, and Standardized Test Scores
- IEP and/or 504 Plans (if applicable)
- Attendance
- Other _____

Name of Parent/Guardian (please print)

Date

Signature of Parent/Guardian