

Tonica Community Consolidated Grade School District #79

535 N. 1981 Road • Tonica, IL 61370
815/442-3420 • FAX 815/442-3111

Consent for Release of Records

School: _____ Address: _____
School Phone: (____) _____

To Whom it May Concern:

_____ has recently enrolled in the _____ grade / class of our school. Please send the cumulative folder, which would include: (1) intelligence and achievement test scores (2) health records (3) attendance records (4) academic grades (5) special education IEP (if applicable) (6) any other information which would be pertinent in pupil placement.

Thank you for your immediate attention to this matter.

Sincerely,

Principal
Tonica Comm. Cons. Grade School District 79
535 N 1981 Rd
Tonica, IL 61370

Student's Name: _____ Birthdate: _____

I request the release of record information of the above student. I request the information be kept confidential, used for professional reasons only, and be released only to the individual or agency designated. I understand that I have the right to inspect the content of the record before it is released, but I waive that right in this instance.

Parent/Guardian Signature: _____ Date: _____