



Downers Grove Grade School District 58

We Envision. We Seek. We Believe.

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Student: _____

Name		Age	Date of Birth	
Number	Street	City	State	Zip

The above named student is enrolling at Whittier School. As the parent or legal guardian of the above named child, I hereby grant my permission to:

_____ **School**

to transfer my child's student records to: **Whittier School**
536 Hill Street
Downers Grove, IL 60515

Please include any and all of the following information, if applicable:

_____ Cumulative Records	_____ Health History/Health Records
_____ Staffing Reports/I.E.P.	_____ Educational Assessment Reports
_____ Related Service Reports	_____ Other (please indicate)

I understand that prior to the transfer of these records, I have the right to inspect, copy, and challenge them and:

_____ I wish to inspect, copy and challenge the records.
 _____ I waive my right.

_____	_____
Signature of Parent/Guardian or Adult Student over 18	Date
_____	630-719-5865
Person Securing Consent	Phone

Notice: In accordance with the Illinois School Student Record Act, all information received is confidential and is available for review by parents and students (upon age 18) upon their request