



RECORDS/INFORMATION RELEASE AUTHORIZATION

Student Name: _____ Birthdate: _____ Current Grade: _____

OUTGOING STUDENT
I authorize Wheaton Christian Grammar School to **release** information concerning the above named student to:

INCOMING STUDENT
I authorize Wheaton Christian Grammar School to **obtain** information concerning the above named student from:

School/Agency/Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

To Parent(s)/Legal Guardian: Please **INITIAL** each item listed below you wish to have released:

_____ Student's Permanent Records including identifying information, parents' name and address, academic records, attendance records, health and medical records, disciplinary information, and birth certificate copy

_____ Kaleidoscope Special Education Records including educational assessments, initial testing reports, annual reports, and student profiles

_____ Special Education Records including IEPs, 504 plans, and accommodation plans

_____ Speech/Language Reports/Evaluations

_____ Physical or Occupational Therapy Reports/Evaluations

_____ Social Work Reports/Assessments

_____ Psychological Evaluations

This form remains valid until (date): _____

Print Parent/Guardian Name: _____

Home Address: _____

City/State/Zip: _____

Phone Number: _____

Date: _____

Parent/Guardian Signature: _____