

Julie Borner
Principal

CONSENT FOR RELEASE OF INFORMATION

STUDENT NAME

CURRENT GRADE IN SCHOOL

I hereby authorize School District 86 to **RELEASE** information concerning the above named student(s) to:

NAME/AGENCY: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

I hereby authorize School District 86 to **OBTAIN** information concerning the above named student(s).

When sending records to District 86, please address to:

Mrs. Julie Borner, Principal
Union Ridge School District 86
4600 N. Oak Park Avenue
Harwood Heights, IL 60706

Please check all that apply: All Student Records Health _____

IEP Other _____

Option: Information NOT to be released _____

I understand, upon written request, that I have the right to inspect, copy, and challenge the information contained in the records prior to release. This includes the right to release all or part of my child's record.

Parent/Guardian Signature

Date