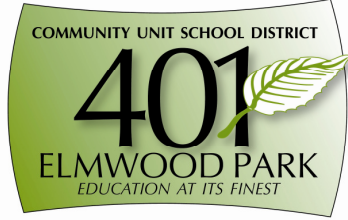


EARLY CHILDHOOD CENTER
4 W CONTI PARKWAY
ELMWOOD PARK, IL 60707
(708) 583-5860



Office Use Only
Date Processed
Date Received

REQUEST TO RELEASE SCHOOL RECORDS

_____	_____
(School, Agency, Institution)	(Date)
_____	_____
(Address)	(Student's Name)
_____	_____
(City, State, Zip)	(Date of Birth)

PLEASE SEND THE FOLLOWING INFORMATION TO:

EARLY CHILDHOOD CENTER
4 CONTI PARKWAY
ELMWOOD PARK, IL 60707

CHECK CATEGORIES TO BE SENT:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Permanent record data (identifying information, academic records, Achievement test scores, attendance record)
<input type="checkbox"/>	<input type="checkbox"/>	Health Records
<input type="checkbox"/>	<input type="checkbox"/>	Results of individual testing, if applicable (intelligence, personality, aptitude)

OTHER _____
(Please explain and initial)

(Signature of Parent/Guardian)

(Address)

(Phone)