



RECORDS RELEASE FORM

Date ____/____/20____

(Student Name) **DOB:** ____/____/____
MM DD YYYY

Last School of Attendance

Street Address City State Zip

School # _____ **School Fax #** _____

As a parent/guardian of the above name child, you are hereby authorized to release records to:

<p>Science Academy of Chicago 501 Midway Drive Mount Prospect, IL 60056 Phone: 847-258-5254 Fax: 847-378-8242</p> <p>Student has Enrolled In Grade: Preschool J-Kindergarten Kindergarten 1 2 3 4 5 6 7 8</p>

Specific data to be released (PARENT INITIAL EACH ONE THAT APPLIES)

- _____ Permanent Record Information
- _____ Health/Immunization Records
- _____ Standardized Test Results
- _____ Special Education Records
- _____ 504 Plan

Parent/Guardian Signature

Date