



RECORDS RELEASE FORM

(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:

Science Academy of Chicago
 501 Midway Drive
 Mount Prospect, IL 60056
 Phone: 847-258-5254
 Fax: 847-378-8242

Student has Enrolled In Grade: Preschool J-Kindergarten Kindergarten 1 2 3 4 5 6 7 8
 You may scan and email the records to info@saoc.org , fax 847-378-8242 or mail.

Specific data to be released

Permanent Record Information, Temporary Record Information, Health Records & Standardized Test Results

Parent/Guardian Signature

Date