<u>REQUEST FOR RECORDS</u> <u>FROM</u> COMMUNITY HIGH SCHOOL DISTRICT 94 <u>TO</u> PREVIOUS SCHOOL

I hereby consent to the release of the following information from the school student records of:

Student's Name		Date of Birth
Previous School Name		Phone
Previous School Address		Fax
City	State	Zip
RECORDS TO BE RELEASE	ED AS INDICATED BELOW	:
X Complete transcript, including grades, attendance records, and test scores		
X All special education records including IEP, and psychological examinations		
X_Health records, including most recent physical and immunizations		
<u>X</u> State ID number		
Other (specify)		

Date

Signature (Parent's signature is required if the student is under 18)

Send the above records to:

ATTN: REGISTRAR Community High School District 94 326 Joliet Street West Chicago, IL 60185

630-876-6240 (phone) 630-876-6241 (fax)