



Elk Grove High School
500 West Elk Grove Boulevard
Elk Grove Village, Illinois 60007

847-718-4400 ■ eghs.d214.org

Dr. David R. Schuler
Superintendent

Paul Kelly
Principal

AUTHORIZATION FOR THE RELEASE OF INFORMATION

DATE: _____

To: Registrar / Records

(Name of Previous School)

(Address)

(City, State, Zip)

(Phone #)

(FAX #)

TO WHOM IT MAY CONCERN:

The student below has enrolled at Elk Grove High School as of the date of this letter. Please release available educational records (in accordance with Family Rights & Privacy Act of 1984) as indicated below.

Permanent Record (official transcript signed / sealed)

Health Records

Cumulative Temporary Data

Grades to date of withdrawal

ISBE Illinois Student Transfer Form Received Yes No

(Student's Name - Please Print)

(Date of Birth)

I understand that Elk Grove High School will not permit access by third parties without written consent of the parent of eligible student.

(Parent / Guardian's Signature)

(Relationship)

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In addition to the above records, I hereby authorize the release of confidential special education information on the above named student.

\_\_\_\_\_  
(Parent / Guardian's Signature)

\_\_\_\_\_  
(Date)

Please send all records to: Registrar  
Elk Grove High School  
500 W. Elk Grove Blvd  
Elk Grove Village, IL 60007  
FAX: 847-718-4417

