

Creve Coeur School District No. 76

LaSalle School
300 N. Highland Ave
Creve Coeur, IL 61610
Fax 309-698-1499

AUTHORIZATION TO RELEASE OR SECURE RECORDS

I do hereby authorize LaSalle School to **secure from or release** to the following school:

School Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

The following information regarding my child:

Child's Name _____ Date of Birth _____

I "understand" this information may include the following Psychological reports, Social Development, Health & Medical Records, Academic records, Speech & Language reports, Occupational Therapy, I.E.P. and M.D.C. I also understand that as a parent I have the right to inspect, copy, and challenge any of the material contained in my child's records.

Please fax the I.S.B.E. Student Transfer form with the S.I.S. number and mail the rest of the records.

I wish to examine my child's records.

I do not wish to examine the content's of my child's records.

Signature of Parent or Guardian

Signature of Records Custodian

Date