

GARDNER SOUTH WILMINGTON HIGH SCHOOL DISTRICT #73

SUPERINTENDENT

MRS. SUSAN AVERY



PRINCIPAL

MR, BRIAN DAVIS

Authorization Release of School Records

Students Name: _____ Date: _____

Student/Parent/Guardian Contact Phone Number: _____

Does your student have an IEP? Yes _____ No _____

High School Attended: _____

Address of High School Attended: _____

Phone Number of High School Attended: _____

Fax Number of High School Attended: _____

Please Release Records To: GARDNER SOUTH WILMINGTON HIGH SCHOOL DIST. #73

I authorize the release of school records to the school, institution, or business named above.

I understand that this authorization includes the subsequent information:

- ◆ Academic record showing subjects completed, credits earned, numerical grades received, and grading system used.
- ◆ Entry date, withdrawal date, and or graduation date.
- ◆ Test scores.
- ◆ Attendance records.
- ◆ Health records, including vision and hearing. (if applicable)
- ◆ Psychological Information
- ◆ Discipline Information
- ◆ Special Education information, if applicable.
- ◆ Other:

Signature of person authorizing release of records

500 EAST MAIN STREET GARDNER, ILLINOIS 60424
(815) 237-2176 FAX (815) 237-8072