

**GARDNER SOUTH WILMINGTON HIGH SCHOOL  
DISTRICT #73**

SUPERINTENDENT  
MR. JOSHUA DELONG



PRINCIPAL  
MR. JOHN ENGELMAN

**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