

South Loop Elementary School
1212 South Plymouth Ct. Chicago, Illinois 60605
Phone: 773-534-8690 Fax: 773-534-8689

CONSENT TO RELEASE INFORMATION

I hereby authorize :

(Name of Previous School)

(Address of Previous School)

(City , State and Zip)

To release:

1. Cumulative Records YES____ NO ____
(including standardized tests)

2. Health Records YES____ NO ____

3. Psychological Records YES____ NO ____

4. Special Education/504 folder YES____ NO ____

FOR: _____
(Student's Name) (birth date) (present grade)

PLEASE FORWARD THIS INFORMATION TO:

**SOUTH LOOP ELEMENTARY SCHOOL
1212 SOUTH PLYMOUTH COURT
CHICAGO, ILLINOIS 60605**

(Signature of Parent or Guardian)

(Relationship)

(Date)

FOR OFFICE USE ONLY

____ First Request Date _____

____ Second Request Date _____

____ Third Request Date _____