

**BOARD OF EDUCATION, DISTRICT 148
DOLTON, COOK COUNTY, ILLINOIS**

PARENTAL PERMISSION TO RELEASE STUDENT RECORDS

Student Name: _____ **Grade:** _____

I, the undersigned parent/guardian, do hereby authorize School District #148 to release my child's records. I understand this may include psychological, social, medial and educational information. I also understand that I can request an appointment to view my child's records within ten days of his/her transfer.

Parent/Guardian Signature _____

Date _____

District Personnel Signature _____

Receiving School or Agency _____

Address _____

City _____ State _____ Zip Code _____

R-19
4/05

The Mission of School District 148 is to
Challenge and support all students to reach their highest level of performance

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