

Harrison Elementary School
6809 McCullom Lake Road
Wonder Lake, Illinois 60097

Permission To Release School Records

Student _____ Birthdate _____ Grade _____

I hereby authorize:

Name of School your child last attended _____

Address _____

(Street address, city, state, and zip code)

To release to:

**Harrison School District #36
6809 McCullom Lake Road
Wonder Lake, Illinois 60097**

The complete cumulative record folder, including:

ISBE Transfer Form

**Identifying information, academic transcripts, attendance record,
record of release of permanent record information**

Health and accident records

Honors and awards received

Family background information

Disciplinary information

Teacher anecdotal information

Verified reports from non-school persons or agencies

Psychological evaluations

Special education files

Educationally relevant agency reports

Other

Moving From:

Moving To:

(Address)

(Address)

(City, State, & Zip)

(City, State, & Zip)

Signature of Parent or Guardian _____ Date _____