

## REQUEST FOR RECORDS COMMUNITY UNIT SCHOOL DISTRICT 201

Name & Address of Previous School:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal:

The following pupil(s) has (have) enrolled in Community Unit School District 201 in Westmont, Illinois, in the grade(s) indicated. Please send all available records, including test and health records, as soon as possible.

	Grade: _____
	Grade: _____
	Grade: _____

Thank you for your prompt attention.

Principal \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_  
give my permission to release the school records of my child/children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to the school(s) indicated below. Please checkbox all applicable schools.

South Early Childhood Center 133 S Grant Westmont, IL 60559	CE Miller School 125 W Traube Westmont, IL 60559	JT Manning School 200 N Linden Westmont, IL 60559	Westmont Junior High School 944 N Oakwood Dr Westmont, IL 60559	Westmont High School 944 N Oakwood Dr Westmont, IL 60559
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This includes all information available:

If not "yes," check appropriate blanks.

Yes	No	
		Health/medical data, academic records, attendance records.
		Test Scores
		Special education information
		Psychological

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date