



aurora
CHRISTIAN SCHOOLS

RECORDS RELEASE FORM

STUDENT NAME _____

DATE OF BIRTH _____

PARENT/GUARDIAN NAME _____

TODAY'S DATE _____

TRANSFER IN

_____ is permitted to release the information itemized below to Aurora Christian School

SCHOOL NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

TRANSFER OUT

Aurora Christian School is permitted to release the information itemized below to _____

SCHOOL NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

- Case studies (including psychological evaluations)
- Special education files including reports of multidisciplinary staffings
- IEP (Individual Education Program)
- Verified information from non-educational agencies
- Disciplinary information
- Mental Health Records
- Medical evaluations/records
- Written Communication in Student File
- Other: _____

The Illinois School Student Record Act states that:

“At the time such consent is requested or obtained the school shall inform the parents of the following rights:

1. To inspect and copy such records;
2. To challenge the contents of such records; and
3. To limit any such consent to designated records or designated portions of information within the records.”

PARENT/GUARDIAN SIGNATURE _____

DATE _____

STUDENT SIGNATURE _____

DATE _____

(for medical records only, a parent and student signature is required for students ages 12-17)