

Authorization to Release School Records

I hereby authorize release of records as indicated below:

	<u>Name of Student</u>	<u>Current Grade</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Previous School Information:

Name of School: _____

Phone Number: _____

Fax Number: _____

Address: _____

Dates Attended: _____

Please fax and/or mail copies of student transcripts, all student records including discipline, medical, IEP, birth certificate, and any other records pertaining to the students' educational background.

Nauvoo-Colusa District 325
2461 North State Highway 96
Nauvoo, IL 62354

Phone: 217-453-2231
Fax: 217-453-6395

Name of Parent/Guardian	Signature	Date
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