



EDUCATIONAL RECORD RELEASE FORM

Please complete this form and submit it to the registrar of the school the applicant is currently attending.

Student Name: _____

As parent or legal guardian of the above-named student, I give my permission for _____ school to mail or fax a copy of

(Fill in the name of the current school of attendance)

the following records to the school's registrar listed below:

- _____ Transcripts
- _____ Standardized Test Scores
- _____ Psychological/Educational Reports
- _____ Health/Immunization Records
- _____ I. E. P.
- _____ 504 Plan

Rose Ruffatto, Registrar
Saint Viator High School
1213 East Oakton Street
Arlington Heights, IL 60004-5099

Signature

Relationship to student

Date

PLEASE NOTE: THIS IS NOT A REQUEST FOR THE STUDENT'S CUMULATIVE FILE