



CONSENT FOR RELEASE OF STUDENT RECORDS

I (parent/guardian), _____, hereby give permission to have the permanent and temporary records released for:

Student's Name: _____ Grade: _____

Birth Date: _____ Phone Number: _____

Student's Address: _____

Parent/Guardian Name Sending Request: _____

Name of Previous School: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Fax Number: _____

Please release the following records:

X	Family Background Information	X	Special Education Files
X	Health Records	X	Intelligence Test Score, Group/Individual
X	Birth Certificate	X	Elementary & Secondary Achievement
X	IEP/ 504 Plan/ Accommodations	X	Level Test Results
X	Grades & Attendance Records	X	Aptitude Test Scores
X	Special Services Reports (Counselor, Title I, Other Special Programs)	X	Other: All Records

Please send records to:

Ashburn Christian Academy

Attn: Administrator

15401 Wolf Road

☎ 1-815-905-1629

✉ acaadmin@fofca.com

I understand and have been informed that I have a right to review all records on my child and am entitled to a copy of the records to be forwarded to the receiving party prior to their release. I have also been informed that I have a right to a hearing to contest any information obtained in my child's record prior to its release.

Parent/Guardian Signature

Date

Note: It is not necessary for parents to sign a release when records are being passed from school to school. See Federal Register, June 17, 1976, Part II H.E.W. Privacy Right to Parents and Students. Vol.41, No. 118-24673.