



# Downers Grove Grade School District 58

**Administrative Service Center  
DG Grade School Dist. 58**  
1860 63<sup>rd</sup> St.  
Downers Grove, IL 60516  
630-719-5800

## FORWARD INFORMATION TO:

(D58 Admin: please enter school name, address, phone + fax)

---

---

---

---

## Records Release Form

Date: \_\_\_\_\_

To: (Enter Previous School's Name and Address)

---

---

---

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Please include the following records:

- \_\_\_\_\_ All Cumulative Records
- \_\_\_\_\_ Scholastic Achievement
- \_\_\_\_\_ Achievement Test Scores
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Psychological Files
- \_\_\_\_\_ Special Education Files
- \_\_\_\_\_ Resource Support Files
- \_\_\_\_\_ Bilingual Reports
- \_\_\_\_\_ Accident Reports
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ All other pertinent information

(If special ed records aren't released from your office, please forward this release to the appropriate office.)

As per Amended Federal Law #99.31, parental release is not required when transferring students' records between educational institutions.

Name

Grade

Date of birth

I understand that prior to the transmitting of the records, I have the right to inspect, copy and challenge them and

\_\_\_\_\_ I want to inspect, copy and challenge the records.

\_\_\_\_\_ I waive my right to inspect records before they are sent.

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

\_\_\_\_\_  
*Authorized Signature (Principal or Designee)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Position*