



Transfer In
RELEASE OF INFORMATION
LISLE COMMUNITY UNIT SCHOOL DISTRICT 202

I, the undersigned parent or guardian of _____ (DOB) _____
(please print)

Do hereby authorize:

School Name: _____

Address: _____

City, State, Zip: _____

To release information regarding my child to:

LISLE JUNIOR HIGH SCHOOL

5207 Center Avenue

Lisle, Illinois 60532

Phone: 630.493.8200

Fax: 630.493.8209

I understand the following information may be included:

1. Educational Records – Grades, transcripts, standardized test results
2. Special Education Records – Completed evaluations, IEP, progress reports
3. Medical Records – Physical, Immunizations, health and social histories

If the student has a current IEP, it is requested that the IEP be faxed over for immediate review of special education needs (fax to 630.493.8209)

Signed: _____

Relationship: _____

Date: _____

According to the Family Educational Rights and Privacy Act, it is no longer necessary to obtain written consent to release records between schools.