



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 HIGH SCHOOL**

1800 Short Street

Lisle, Illinois 60532

Phone: 630.493.8300

Fax: 630.971.1234

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. 971.1234)

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.