



**LEMONT HIGH SCHOOL DISTRICT 210
REQUEST FOR RELEASE OF STUDENT INFORMATION**



I request that all my student's temporary records - ***including directory information, standardized test scores, and any IEP, Special Education Records, and/or 504 Plans*** - be released to Lemont High School and directed to the following at your earliest convenience:

**School Registrar
Lemont High School
800 Porter Street
Lemont, IL 60439**

STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PRIMARY PHONE (____) _____ PARENT E-MAIL ADDRESS _____

STUDENT'S CURRENT SCHOOL _____

I understand that Lemont High School cannot receive information about my child unless this form is completed and submitted to his/her current school.

Additionally, I understand that no individual or agency outside of the school system will be permitted to inspect or receive my student's information without my written permission.

PARENT/GUARDIAN NAME _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

**THIS FORM SHOULD BE RETURNED TO THE STUDENT'S
CURRENT ELEMENTARY/MIDDLE SCHOOL.**