



AMELIA V. CARRIEL JUNIOR HIGH SCHOOL



O'Fallon Consolidated Community School District #90

Dan Foehrkolb
Principal

Mara Hamilton
Asst. Principal

Jeff Brokering
Asst. Principal

AUTHORIZATION FOR RELEASE & EXCHANGE OF STUDENT RECORDS

Mailed / Faxed _____

Name of Student(s): _____ Grade: _____ DOB: _____
_____ Grade: _____ DOB: _____

I hereby authorize the following agency or person:

Former School or Name: _____
Address: _____
City/State/Zip: _____
Email/Fax: _____

To release:

- Permanent Record Information (Identifying information, birth certificate, grades, attendance and health records)
- Medical Records
- Individual Psychological Test and Special Testing information
- Temporary Record Information (ability and achievement test results and other pertinent information)
- 504 Plan or IEP
- Any other information relative to the above named student(s)

AUTHORIZATION TO RELEASE STUDENT RECORDS

In accordance with the "Family Educational Rights and Privacy Act", I authorize the Release of Confidential Information on the above student(s). This information should be forwarded to:

Amelia Carriel Junior High
451 North Seven Hills Road
O'Fallon, IL 62269

Email: chamm@of90.net or gcollier@of90.net

The above permission is granted by:

Signature: _____
Relationship: _____
Date: _____