



SCHAEFER
ELEMENTARY SCHOOL
 LEARNING TODAY, LEADING TOMORROW

O'Fallon School District No. 90
 O'Fallon, IL 62269
 Phone: 618-632-3621
 Fax: 618-632-9258

Mr. Dan Rudy, Principal
 Mrs. Ellen Hays, Vice Principal

AUTHORIZATION FOR RELEASE & EXCHANGE OF STUDENT RECORDS

Mailed / Faxed: _____

Name of Student: _____ 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, 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:

Marie Schaefer Elementary
 505 South Cherry Street
 O'Fallon, IL 62269

Email: akimmel@of90.net or dderoche@of90.net

The above permission is granted by:

Signature: _____

Date: _____

Relationship: _____