



HINCHCLIFFE

ELEMENTARY SCHOOL

LEARNING TODAY, LEADING TOMORROW

Mrs. Kristie Carroll
School Principal

Mrs. Kathy Dalonzo
School Secretary

Mrs. Chelsea Stanfield
School Nurse

AUTHORIZATION FOR RELEASE & EXCHANGE OF STUDENT RECORDS

Date _____ Name of Student (s): _____

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)

The above permission is granted by:

Signature _____

Relationship _____

Date _____

Please forward the above released information to:

Email: kdalonzo@of90.net

Fax: 618-632-1774

Mail: Hinchcliffe School
1050 Ogle Road
O'Fallon, IL 62269