

MARENGO COMMUNITY HIGH SCHOOL-DISTRICT #154  
110 Franks Rd.  
Marengo, IL 60152  
Phone: 815/568-6511 Fax: 815/568-6247

**AUTHORIZATION FOR RELEASE OR REQUEST OF SCHOOL RECORDS**

I hereby grant full permission to Community High School District #154 to  
\_\_\_\_\_ release \_\_\_\_\_ request information concerning:

\_\_\_\_\_  
Name of Student Date of Birth

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information should include the checked items:**

- \_\_\_\_\_ Academic transcript, including test scores, rank in class and attendance
- \_\_\_\_\_ Cumulative folder (should include grade school file)
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Illinois Student Transfer form
- \_\_\_\_\_ Any other report having a clear relevance to the education of the student,  
including **Special Education files**.
- \_\_\_\_\_ ELL testing and scores.

\_\_\_\_\_  
Date of signature Signature of Parent/Guardian or student (age 18 or over)

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address

You are welcome to review your child's records and should you have reason to believe any part of the record to be erroneous or misrepresents the fact; you may request a formal hearing to review the case.