



PARENTAL OR GUARDIAN AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize: _____

Name of school formerly attended

Street Address, City, State, Zip Code

to release information regarding my child (children) listed below to
Center Cass School District 66, DuPage County.

I understand this may include psychological, social, medical, and educational information.

Parent/Guardian Signature

Date

Please forward the cumulative records of the student(s) listed below.

Student Name: _____ Entering at grade: _____

Please release records to:

Elizabeth Ide School
2000 Manning Road
Darien, IL 60561
Grades: K-2
(630) 783-5200
Fax: (630) 971-3367

Prairieview Elementary School
699 Plainfield Road
Downers Grove, IL 60516
Grades: 3-5
(630) 783-5100
Fax: (630) 910-0803

Lakeview Jr. High School
701 Plainfield Road
Downers Grove, IL 60516
Grades: 6-8
(630) 985-2700
Fax: (630) 985-1545