



**Elk Grove High School**  
500 West Elk Grove Boulevard  
Elk Grove Village, Illinois 60007

847-718-4400 ■ [eghs.d214.org](http://eghs.d214.org)

**Dr. David R. Schuler**  
Superintendent

**Paul Kelly**  
Principal

### AUTHORIZATION FOR THE RELEASE OF RECORDS

DATE:

TO: Registrar of Records

PREVIOUS SCHOOL:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

FAX:

The student below has enrolled at Elk Grove High School as of the date of this letter. Please release available educational records (in accordance with Family Rights & Privacy Act of 1984) as indicated below.

- Official Transcript signed and sealed
- Health records
- Grades to date of withdrawal
- State Test Scores
- EL info / ACCESS Scores
- IEP/504 files

ISBE Illinois Student Transfer form received. Yes  No

**STUDENTS NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

I hereby authorize the release of confidential General Ed and/or Special Ed information on the above named student. I understand that Elk Grove High School will not permit access by third parties without written consent of the parent of eligible student.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Relationship**

Please mail Official Transcript to:

Elk Grove High School  
500 W. Elk Grove Blvd.  
Elk Grove Village, IL 60007  
Attn: Julie Schroeder, Registrar

Please email or fax other info to:

[julie.schroeder@d214.org](mailto:julie.schroeder@d214.org)  
Ph. 847-718-4514  
Fax. 847-718-4515