Prairie School
of DuPage
Re-imagine Education.

Authorization To Release Student Records

In accordance with the "Family Educational Rights and Privacy Act of 1974", the following student record information may be released or reviewed as specified below:

I authorize:

_____
(Name & address of school/entity releasing records)

to release confidential student/patient record information on the following student/child:

Name _____ Grade _____ DOB _____

as specified below to :

Prairie School of DuPage
1926 N. Main Street.
Wheaton, Il 60187
enter@prairieschoolofdupage.org
630-690-6000

Only information checked may be released and reviewed.

❑All academic progress reports, including grade reports and standardized test results

❑All attendance reports, and medical records

❑All disciplinary reports, including referrals and notices of suspension and expulsion

❑All documentation, correspondence, and emails regarding consideration for special services

❑Evaluations, plans (IEP and 504), and all other documentation regarding special education and Section 504 eligibility and services

❑Other _____

The above permission is granted by:

_____
Parent/ Guardian Name Relationship to student

_____
Signature Date

_____
Address Phone number