



AUTHORIZATION FOR RELEASE/TRANSFER OF RECORDS

To: _____

Previous school attended

Address: _____

City, State, Zip _____

Phone: _____ **Fax:** _____

The parent/guardian has enrolled the following student(s) in the Kinnikinnick CCSD No. 131.

NAME OF CHILD/CHILDREN AND GRADES:

_____	*IL SIS # _____
_____	*IL SIS # _____
_____	*IL SIS # _____

* School Office- If this student is currently a student in the State of Illinois, please exit him/her through ISBE SIS. Please return with student records copy of release with ISBE SIS number recorded.

Send records to the following school:

- _____ Ledgewood School (Prek – 1st)
- _____ Stone Creek School (2nd – 3rd)
- _____ Kinnikinnick School (4th – 5th)
- _____ Roscoe Middle School (6th – 8th)

Parent signature is not required for release of permanent and/or temporary records per Illinois School Code 105 ILCS 10/5.

I hereby give permission to release/transfer all records including Academic, Medical, Psychological, and Special Education to Kinnikinnick CCSD #131.

Signed: _____

Parent or Legal Guardian

Relationship to Child: _____

Date: _____

Ledgewood School
11685 South Gate Road
Roscoe, IL 61073
Ph: 815-623-2837
Fax: 815-623-1410

Stone Creek School
11633 South Gate Road
Roscoe, IL 61073
Ph: 815-623-2837
Fax: 815-623-3646

Kinnikinnick School
5410 Pine Lane
Roscoe, IL 61073
Ph: 815-623-2837
Fax: 815-623-1797

Roscoe Middle School
6121 Elevator Road
Roscoe, IL 61073
Ph: 815-623-2837
Fax: 815-623-7604