

DIVINE PROVIDENCE SCHOOL
2500 MAYFAIR AVENUE
WESTCHESTER, IL 60154
708-562-2258 (phone)
708-562-9171 (fax)
dprov.org

PERMISSION TO RELEASE STUDENT RECORDS

In compliance with the Family Educational Rights and Privacy Act and the Illinois School Student Records Act, it is necessary that we have written permission from the parent of any student before his/her academic and health records may be transferred to or from another school. Therefore, please sign the statement below in order for your child's records to be sent to Divine Providence School.

This is to authorize _____
(Name of current or previous school)

Address: _____ City: _____ State: _____ Zip: _____

to send the temporary academic and health records for my child:

(Child's full name) Grade: _____

to the following school:

Divine Providence School
2500 Mayfair Avenue
Westchester, IL 60154

Parent's Signature: _____ Date: _____