



CONSENT TO RELEASE INFORMATION

I hereby authorize:

(name of previous school)

(address of previous school)(City, State & Zip)

To release:

1. Cumulative Records (including standardized tests) Yes ____ No ____
2. Health Records Yes ____ No ____
3. Psychological records Yes ____ No ____
4. IEP/504 records Yes ____ No ____

For: _____
(Student's Name) (birth date) (current grade)

Please forward this information to:
John A. Walsh Math & Science Academy
2015 S. Peoria Street.
Chicago, IL 60608

(Signature of Parent of Guardian)

(Relationship)

(Date)

For Office Use Only

_____ First Request Date _____

_____ Second Request Date _____

_____ Third Request Date _____