



Records Release Authorization

Student's name: _____

Name of previous school: _____

Address: _____

City/State/Zip: _____

Please release my child's academic records, attendance records, physical and immunization records, and standardized test scores to:

**Wheaton Christian Grammar School
1N350 Taylor Drive
Winfield IL 60190**

Signature of Parent or Guardian

Date

If applicable, please release special education evaluations (including speech and language assessments) and/or special education records, including educational assessments, initial testing reports, WISC report, annual reports, and student profiles.

Signature of Parent or Guardian

Date