



REQUEST FOR STUDENT RECORDS

(To be used when a student is transferring into Arbor Park SD 145 from another district)

I hereby consent to the release of the following information for the school student records of:

Student's Name and Date of Birth

Name, Address, Phone Number & Fax Number of school student last attended:

Records for which consent to release has been given:

- Academic Transcript; and/or
 Medical Records; and/or
 Special Education Records; and/or
 Home Language Survey/ELL records; and/or
 Other: _____

Please scan copies to registrar@arbor145.org and mail the above information to the following person(s):

___ FOR GRADES 5 - 8
David Evans, Principal
Arbor Park Middle School 17303 S. Central Avenue, Oak Forest, IL 60452-4920

___ FOR GRADES 3 & 4
Scot Pierce, Principal
Scarlet Oak School 5731 Albert Drive Oak Forest, IL 60452-2899

___ FOR GRADES 1 & 2
Tom Flynn, Principal
Arbor Elementary School 17303 S. Central Avenue, Oak Forest, IL 60452-4599

___ For GRADES K & PK
Sylvia Avila, Principal
Kimberly Heights School 6141 Kimberly Drive, Tinley Park, IL 60477-1970

___ FOR SPECIAL EDUCATION RECORDS
Dr. Eliza Santos - Lopez Assistant Superintendent of Student Support Services
District Office 17301 S. Central Avenue, Oak Forest, IL 60452-4920

Signature of Parent/ Guardian

Date