



1240 S. Pulaski Rd.  
Chicago IL 60623  
P - 773-542-0663  
F - 773-542-0664  
[www.cwscs.org](http://www.cwscs.org)

## PERMISSION TO RELEASE CONFIDENTIAL RECORDS

Re: \_\_\_\_\_  
(student name)

I hereby request and authorize

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

To release all the school records of the above named individual to

Chicago West Side Christian School  
1240 S. Pulaski Rd  
Chicago, IL 60623  
[info@cwscs.org](mailto:info@cwscs.org)  
Fax #: 773-542-0664

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Information to be released:

- Birth Certificate
- Academic records (includes cumulative card, grades, and attendance records)
- Performance records (includes standardized tests, IEP and report cards)
- Medical and related health records
- Psychological evaluations and/or social work reports
- Disciplinary and other behavior related reports

Please send the information as soon as possible. If you have any questions please contact CWSCS.