



1240 S. Pulaski Rd.
Chicago IL 60623
P - 773-542-0663
F - 773-542-0664
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 the school records of the above named individual to

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

Signature of Parent/Guardian

Date

Information to be released:

- 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.