

**Flossmoor School District 161**  
**Consent For Release Of Information**  
**From School Previously Attended**  
**(Please Print All Information Except For Signature)**

**Student Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Date Of Birth** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

I hereby give my consent to and request the release of the following records from:

**School** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ Student permanent records including report card grades, attendance records, health and medical records, and identifying information

\_\_\_\_\_ Temporary records including achievement test scores, diagnostic test information, intelligence scores and psychological evaluations, special education files, speech reports, social work reports, and counseling reports

**Please send these records to:**

Flossmoor Hills School, 3721 Beech St., Flossmoor Il 60422  
Phone: 708-647-7100 Fax: 708-798-8324

Heather Hill School, 1439 Lawrence Crescent, Flossmoor Il 60422  
Phone: 708-647-7200 Fax: 708-206-2749

Serena Hills School, 255 Pleasant Dr., Chicago Heights Il 60411  
Phone: 708-647-7300 Fax: 708-756-4465

Western Avenue School, 940 Western Ave., Flossmoor Il 60422  
Phone: 708-647-7400 Fax: 708-206-2350

Parker Junior High School, 2810 School St., Flossmoor Il 60422  
Phone: 708-647-5400 Fax: 708-799-9207

\_\_\_\_\_  
Signature Of Parent Or Guardian

\_\_\_\_\_  
Date Requested

**Safeguards For Confidentiality Will Be Followed In Accordance With Provisions Of The Family Educational Rights Of Privacy Act Of 1974 And The Illinois School Student Records Act Of 1975.**