

# Pleasantdale School District 107

7450 S. WOLF ROAD  
BURR RIDGE, IL 60527

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## PARENTAL RELEASE

Mail To:

Name and address of previous school

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Student's Last Day \_\_\_\_\_

Fax \_\_\_\_\_

Student's Grade Level \_\_\_\_\_

Residence Before Transfer:

New Residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(Parent or Guardian) (Person or Agency)

\_\_\_\_\_ to release any and all : Student Cumulative  
Records, Medical Records, Special Education Records, and Psychological Records pertaining to  
my child to:

Pleasantdale Elementary School  
8100 School Street  
LaGrange, IL 60525  
Attn: Penny Defenbaugh

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian Signature)

Office Use Only: Education Records Mailed \_\_\_\_\_ Yes Date \_\_\_\_\_  
Special Ed Records Mailed \_\_\_\_\_ Yes Date \_\_\_\_\_