PLEASE FORWARD THIS REQUEST TO ALL AGENCIES WITH RECORDS OF THIS STUDENT

Ogle County Educational Coop
417 N. Colfax PO Box 582
Byron, IL 61010
Telephone Number (815) 234-2722
Fax Number (815) 234-2938

Amboy High School
11 E. Hawley Street
Amboy, IL 61310
Telephone Number (815) 857-3632
Fax Number (815) 857-3631

Amboy Community Unit School District #272

AUTHORIZATION FOR RELEASE OF INFORMATION

DATE _____

STUDENT'S NAME _____BIRTHDATE _____

SEND TO: **REGISTRAR**
AMBOY HIGH SCHOOL
11 E. Hawley Street
Amboy, IL 61310

FROM:
_____
_____
_____

THE FOLLOWING INFORMATION MAY BE RELEASED:

____ case study evaluation and multidisciplinary staff conference report
____ psychological report
____ psychiatric report
____ social work report
____ family background data
____ medical reports
____ individualized education program
____ health and physical record
____ official student academic record (student permanent record)
____ teacher and/or counselor observations, rating, and recommendations
____ speech/language evaluation

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