

**DIVINE PROVIDENCE SCHOOL**  
**2500 MAYFAIR AVENUE**  
**WESTCHESTER, IL 60154**  
**708-562-2258 (phone)**  
**708-562-9171 (fax)**  
**dprov.org**

## **PERMISSION TO RELEASE STUDENT RECORDS**

In compliance with the Family Educational Rights and Privacy Act and the Illinois School Student Records Act, it is necessary that we have written permission from the parent of any student before his/her academic and health records may be transferred to or from another school. Therefore, please sign the statement below in order for your child's records to be sent to Divine Providence School.

This is to authorize \_\_\_\_\_  
(Name of current or previous school)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

to send the temporary academic and health records for my child:

\_\_\_\_\_ Grade: \_\_\_\_\_  
(Child's full name)

to the following school:

**Divine Providence School**  
**2500 Mayfair Avenue**  
**Westchester, IL 60154**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_