



Date _____

Name of School _____
(school transferring from)

School Address _____

Phone _____ Fax _____

REQUESTING SCHOOL – Please send directly to school indicated below

- Edgewood School, 7900 Woodridge Dr., Woodridge, IL 60517 [Phone: 630-795-6000, Fax: 844-380-4147]
- Goodrich School, 3450 Hobson Road, Woodridge, IL 60517 [Phone: 630-795-6100, Fax: 844-380-4148]
- John L. Siple School, 2806 83rd St., Woodridge, IL 60517 [Phone: 630-795-6300, Fax: 844-380-4152]
- Meadowview School, 2525 Mitchell Dr., Woodridge, IL 60517 [Phone: 630-969-795-6400, Fax: 844-380-4150]
- William F. Murphy School, 7700 Larchwood Lane, Woodridge, IL 60517 [Phone: 630-795-6500, Fax: 844-380-4151]
- Willow Creek School, 2901 Jackson Dr., Woodridge, IL 60517 [Phone: 630-795-6600, Fax: 844-380-4153]
- Thomas Jefferson Jr. High School, 7200 Janes Ave., Woodridge, IL 60517 [Phone: 630-795-6700, Fax: 844-380-4149]

_____, formerly enrolled in your school, is now attending a District 68 school. **Please forward all of the student’s temporary and permanent records directly to the school indicated above.** Woodridge School District 68 agrees to comply with the provisions of the Family Educational Rights and Privacy Act as it relates to the records.

Thank you for your timely cooperation in this matter.

Sincerely,

Principal

<p>Has your student ever attended a District 68 school in the past? Yes/No (circle one)</p> <p>If yes, what school? _____</p> <p>Which years? _____</p>

Parent/Guardian Authorization for Release of Information

I hereby authorize _____ School to release the records regarding my child, _____, to the above listed school.

Signature of Parent/Guardian

Date