MORTON UNIT DISTRICT #709 Morton, IL 61550

give my pe	ermission for M	lorton CUSD 709 to 1	release to OR (circle one)	secure from
		(Name of School,	Agency, or Person)	
		(Ad	dress)	
nformation	regarding:	(Student Name))	(Date of Birth)
Release to	Secure from			
		Academic Records Health & Medical Records Psychological Reports	ent Records ords Reports eports	

1	I hereby waive that right
2	I hereby request an appointment to review and/or challenge the records
	(form DF 15k should be completed)
3	I wish to receive a copy of the records

()	Signed: Parent/Guardian/Self)				
(Address)					
Please send records to:	Grundy Elementary School 1100 S. Fourth Morton, IL 61550	Phone: (309)263-1421 Fax: (309)284-2015			
Person requesting information: (Request remains valid for 360 days)	(Signature)	(Title)			