

Authorization for Release of Information
TO
Genoa-Kingston CUSD #424

Student's Name

Birthdate

I hereby authorize:

School Transferring From

Address

City

State

Zip Code

To forward the following student information:

Student Transfer Form (Illinois Public Schools)
Health File (Including physical and record immunizations)
Cumulative File
Special Education File (If applicable)

Mail Information To:

Genoa Elementary School
602 E. Hill Street
Genoa, IL 60135
Office: 815-784-3742 Fax: 815-784-3731

Signature

Date

Relationship

New Address

City

State

Zip Code

Phone