

Township of Union Public Schools

The Presidential Model School District



Date: _____

Re: _____

Birth Date: _____

Grade: _____

Dear Principal:

The student named above was enrolled on _____. You can be of assistance by forwarding, at your earliest convenience, data related to this student's I.Q., achievement test results, class placement, health records and any child study team reports. **Also, please provide student's state identification number.**

The student's parent and/or guardian has signed this release form, which permits your school district to forward the data requested.

Thank you for your prompt consideration and cooperation.

Very truly yours,

Union Township Board of Education

Date: _____

I hereby grant permission to release all school records and reports concerning my child to:

Parent/Guardian Signature