

Stillman Valley High School

425 S. Pine Street • Stillman Valley, IL 61084

Phone (815) 645-2291 • Fax (815) 645-8145

Date: _____

I hereby authorize:

Name of previous school: _____

Address of previous school: _____

to release the following information regarding my child:

1. Cumulative Records
2. Test Records
3. Health Records
4. Special Education Records
5. Psychological Records

Child's name: _____

Birth date: _____

Please send this information to:

**Stillman Valley High School
Student Records
425 S. Pine Street
Stillman Valley, IL 61084**

Any additional information you have that would be of assistance to our teaching staff would be appreciated.

Parent/Guardian Signature

Federal Law 99.31 - No parent signature required for educational records sent to another educational agency

Thank you for your prompt attention.

Sarah Dyal
Counseling Secretary (ext. 5009)



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