

Stillman Valley High School

425 S. Pine Street · Stillman Valley, IL 61084
Phone (815) 645-2230 · 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

Childs Name: _____

Birth date: _____

Please send this information to:

Stillman Valley High School
Student Records
425 S. Pine St.
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.

Nicole Wiehle
Counseling Secretary (ext. 5009)