



Elite Scholars STEAM Academy

4510 North Illinois Street, Suite #5
Swansea, IL 62226
(618) 726-2022

Transcript Release Form

Request for Release of Student Records

Transferring School: _____

Date Mailed: _____

School Address: _____

City

State

Zip

The following student(s) has/have enrolled in Elite Scholars STEAM Academy:

This is a formal request for release of all information relative to this child. We would appreciate you forwarding the identified documents at the earliest convenience.

1. Permanent Record Information (identifying information, grades, attendance, and health records.)
2. Temporary Record Information (Ability and Achievement Test results and other pertinent information.)
3. Individual Psychological Test and Special Testing information. Also information not within your school, but within your school district or special education cooperative.

AUTHORIZATION TO RELEASE STUDENT RECORDS

In accordance with the "Family Educational Rights and Privacy Act" I authorize the release of confidential information on the above student(s).

This information should be forwarded to: Elite Scholars STEAM Academy
Attn: ESSA Administrative Assistant
4510 North Illinois Street St., Suite #5
Swansea, IL 62226

The above permission is granted by: Signature _____

Relationship _____

Date _____