



## Permission to Release Records

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**Parent/Guardian:** Please complete this form and submit it directly to your child's current school for permission to release your student's records to Elgin Academy.

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My child, \_\_\_\_\_, is applying for admission to Elgin Academy for the coming school year.

I, \_\_\_\_\_, hereby request that complete school records be sent to:

Elgin Academy  
350 Park Street  
Elgin, IL 60120  
Attn: Office of Admission  
Phone: 847.695.0303  
Fax: 847.695.5017  
E-mail: [admissions@elginacademy.org](mailto:admissions@elginacademy.org)  
Web: [www.elginacademy.org](http://www.elginacademy.org)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Form Updated: 9/28/09)*