

CHICAGO FUTABAKAI JAPANESE SCHOOL

REQUEST / RELEASE OF STUDENT RECORDS

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Student's Name : \_\_\_\_\_  Male  Female

Date of Birth : \_\_\_\_\_ Grade : \_\_\_\_\_

Records Requested :

Academic Record

Attendance Record

Health Record

Other (Please specify) : \_\_\_\_\_

Release Records :  To  From

School District Name : \_\_\_\_\_

School Name : \_\_\_\_\_

Street Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_

School Phone : \_\_\_\_\_ School Fax : \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

PLEASE SEND RECORDS TO :

**CHICAGO FUTABAKAI JAPANESE SCHOOL**

2550 N. Arlington Heights Road, Arlington Heights, Il 60004

Phone:(847) 590-5700 Fax:(847) 590-9759

Principal \_\_\_\_\_

\_\_\_\_\_  
(Signature of principal)