



THE  
WILLOWS  
ACADEMY

Please submit this form to your daughter's  
current school to allow them to send her  
records to The Willows Academy

I hereby authorize: \_\_\_\_\_  
Name of School or Agency

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

\_\_\_\_\_  
City, State & Zip

To release the indicated records of: \_\_\_\_\_

To: Registrar  
The Willows Academy  
1015 Rose Avenue  
Des Plaines, IL 60016  
(847) 824-6900  
www.willowsacademy.org

Records Requested: Please send the following material unless otherwise indicated:

1. Transcript of Grades/Report Cards
2. Grades earned at a date of leaving
3. Attendance Records
4. Standardized test scores and Academic Evaluation
5. Health Records
6. IEP and/or Special Services Records, if applicable
7. Cumulative file
8. Applicant Evaluation Form, if attached
9. Other **BIRTH CERTIFICATE**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date