



**Daarul Uloom Islamic School**  
 4125 W. Charter Oak Rd.  
 Peoria, IL 61615  
<https://dupeoria.org/>

Phone: (309) 691-9089  
 Fax: (309) 691-6970  
 Email: [du@dupeoria.org](mailto:du@dupeoria.org)

## RELEASE OF RECORDS FORM

I \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_  
 birth date \_\_\_\_\_, give my permission for the release of records to the address  
 below.

Please send the following records:

- \_\_\_\_\_ All personally identifiable data
- \_\_\_\_\_ Transcript/Cumulative File
- \_\_\_\_\_ Attendance Record
- \_\_\_\_\_ Test Scores
- \_\_\_\_\_ ELL/ESL Record
- \_\_\_\_\_ Health Record
- \_\_\_\_\_ Psychological Reports (including IEP and Parent Consent for Evaluation)
- \_\_\_\_\_ Disciplinary referrals, counseling detention, suspension etc.
- \_\_\_\_\_ Other Records

\_\_\_\_\_  
 \_\_\_\_\_

Records requested from (School Name and Fax No.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please email, mail or fax the above records to the following address:

**Daarul Uloom School Islamic School**  
**4125 W Charter Oak Road**  
**Peoria, IL 61615**  
**Fax No. 309-691-6970**  
**Email: [du@dupeoria.org](mailto:du@dupeoria.org)**

I understand, as a parent or guardian, that I have access to all pertinent information in the student record file.

Parent/legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

---

**FOR OFFICE USE ONLY**

**Date records requested** \_\_\_\_\_

**Date Records mailed** \_\_\_\_\_