



## School Record Release Form

Date: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

Requested by: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

Previous School Address: \_\_\_\_\_

Previous School Telephone #: \_\_\_\_\_

Previous School Email: \_\_\_\_\_

### School Records to be released to:

Hidaya Academy of Champaign-Urbana

[contact@hidayaacademycu.com](mailto:contact@hidayaacademycu.com)

Address: 2011 Brownfield Rd, Urbana, IL 61802

Telephone #: (217) 530-0431

I \_\_\_\_\_ authorize the release of all school records to Hiday  
Academy of Champaign-Urbana.

---

Signature

Date