



DeKalb County Regional Office of Education

Authorization to Release Documents

I, (print name) _____
authorize the release of my documents to:

Name of ROE/Agency _____

Address _____

Fax _____

- Fingerprint results
- Copy of Physician Statement
- Copy of Transcripts

Signature _____ Date _____

For Office Use Only:

Sent by Fax Sent by Mail

Sent by: _____ Date _____



Amanda Christensen, DeKalb County Regional Superintendent

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