

HARLEM CONSOLIDATED SCHOOL DISTRICT #122

8605 N. Second Street

Machesney Park, Illinois 61115

Phone: (815) 654-4508

FAX: (815) 654-4570

REQUEST FOR SPECIAL EDUCATION RECORDS

*Please Print or Type and Fill Out Completely*

**STUDENT IDENTIFICATION**

Name: \_\_\_\_\_  
Last First Middle Former/Maiden Name

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

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

**NOTE:** The parent(s)/guardian(s) of a student under 18 years of age, or designee, shall be entitled to inspect and *request copies of the* information in the child's school records; a student *more* than 18 years old may inspect or *request copies of the* information in *their* permanent school record. Such requests shall be made in writing and directed to the records custodian. Access to the records shall be granted within 15 days of the District's receipt of such a request. (Ref. Policy 7:340-AP page 2)

**A minimum of 24 hours is required to process requests.**

**AUTHORIZATION**

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

Received Records: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY OFFICE PERSONNEL**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Board Approval: