

Students

Exhibit - Record of Agency and Law Enforcement Requests

105 ILCS 5/22-105, added by P.A. 104-288, eff. 1-1-26, places restrictions on government agency and law enforcement authority access to district property, in particular for requests related to citizenship or immigration status. Use this form to document all interactions with law enforcement agents while they are on the District's premises, as required by 105 ILCS 5/22-105(c)(4)(B), added by P.A. 104-288, eff. 1-1-26. An authorized administrator or the board attorney must review law enforcement requests to enter a school or school facility, including judicial warrants, nonjudicial warrants, and subpoenas. 105 ILCS 5/22-105(c)(4)(A), added by P.A. 104-288, eff. 1-1-26. This form also documents that review. Consult the board attorney regarding the use and maintenance of this form and marking of any attorney-client privileged information.

To be completed by District staff member:

Name of District Staff <i>(Please print)</i>	Title of District Staff Member
Name of District or School Building	
Name of Law Enforcement Agent(s) <i>(Please print)</i>	Name of Agency or Law Enforcement Unit
Contact Name	Contact Number
Badge Number or Identification Number <i>(Handwritten only, no photocopies)</i>	Title of Law Enforcement Agent
School Visit Location	Date and Time of Visit
Authorization Presented by the Law Enforcement Agent <i>(Make photocopies and attach to form):</i> <input type="checkbox"/> Warrant <input type="checkbox"/> Subpoena <input type="checkbox"/> Exigent Circumstances <i>(Please be specific):</i> <hr/> <hr/> <hr/>	

☐ Other (*Please be specific*): _____

Describe the Request from the Law Enforcement Agent to access the above-listed school or District office:

Request to access the school or District office for the following reason(s):

- ☐ To obtain student or employment records.
☐ To question a student or employee.
☐ To take a student or employee into custody.
☐ Other (*Please be specific*): _____

The following is to be completed by the District Superintendent, Building Principal or designee only:

Name of Superintendent, Building Principal or designee (*Please print*)

Name of District Office or School Building

Name of Board Attorney Contacted, if any (*Please print*)

☐ **Permission Granted** ☐ **Permission Denied**

Date

Signature (*Superintendent, Building Principal, or designee*)

Access Granted to the following (*Please be specific*):

Visit Supervision (*To be completed by the staff member monitoring or accompanying the law enforcement agent*)

Supervisor's Name (*Please print*) _____

Visitor Time In _____ Visitor Time Out _____

Date

Supervisor's Signature