

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: