



Student School Records Request

As parent/guardian of the student named below, please be informed that:

1. You have the right to inspect and copy any or all school records pertaining to your minor child or a child for which you have legal guardianship;
2. You have the right to challenge the contents of such records pertaining to your minor child or a child for which you have legal guardianship;
3. **The District charges \$.35 per page for student record copies.** Payment must be received at the time of receipt via cash or check.
4. No parent or student shall be denied a requested copy of school student records due to inability to bear the cost of such copying. (105 ILCS 10/5 (d)); and
5. The District has ten (10) business days to produce student records after a request is received. This time may be extended for up to an additional five (5) business days in certain circumstances.

Student Name: _____ Date of Birth: _____

Requesting Parent/Guardian/Student:

(Printed Name) (Address)

(City) (State) (Zip) (Phone Number)

Parent/Guardian/Student Signature Date

Records requested:

_____ **Permanent records** such as student's identifying information, parent's name and address, academic transcript/grades, attendance records, accident and health records, and high school state assessment scores.

_____ **Temporary records** such as disciplinary information, progress monitoring data, special education records including IEPs, Section 504 Plans, social developmental studies, OT/PT/Speech/psychological evaluations, reports from private providers, teacher/therapist logs and anecdotal records.

_____ **Email** to/from District staff identifying the student. **Please note:** A search of District 202's electronic network may produce a large number of emails, resulting in an increased cost for the requestor. If specific staff and date range can be identified for this purpose, please indicate them here. **Please indicate if you are requesting printed copies in which you are included /either to or from parent.**

_____ Other. Please specify _____

Please direct all records inquiries to Jennifer Law, Director of Student Services at:
jlaw@lisle202.org or 630-493-8005