



Minooka Community Consolidated School District #201

Dr. Kris Monn, Superintendent
305 W Church St, Minooka, IL 60447
Phone: (815) 467-6121, Fax: (815) 467-9544

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 reserves the right to charge \$.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, to which the District will notify parents of the extension.

Student Name (at time of attendance): _____ Birthdate: _____

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.

_____ Emails to/from District staff identifying the student. **Please note:** A search of District 201’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.

Other. Please specify _____

For Office Use-Date Received:_____ By:_____ Due Date:_____ Completed:_____ By:_____ Method:_____