

Student Records Transfer Request

Date: _____

To the Records Custodian of _____ (School District).

School:
Street Address:
City, State, & Zip Code:
School Phone Number:

Student's First & Last Name: _____

Date of Birth: _____

Please send all permanent and temporary records for the above mentioned student to:

School:
Street Address:
City, State, & Zip Code:
Attention:
Email: Fax:

Except as otherwise provided in 23 Illinois Administrative Code, Section 375.75, the records of a student shall be transferred by the official records custodian of a school to another school in which the student has enrolled or intends to enroll upon the request of the official records custodian of the other school or the student, provided that the parent receives prior written notice of the nature and substance of the information to be transferred and opportunity to inspect, copy, and challenge the information to be released. Parent/guardian consent to release records to another public education institution in which the student intends to enroll is not required.

Parent/Guardian Signature: _____ Date: _____

<p>FOR OFFICE USE ONLY</p> <p>_____ (student) enrolled in _____ (school transferring to) on _____ (enrollment date). The student is assigned to grade _____ for the _____ school year.</p> <p>Records Custodian Signature: _____ Date: _____</p> <p>Request sent via _____ email _____ fax _____ mail on _____ (date).</p>
