MOLINE-COAL VALLEY
SCHOOL DISTRICT
1900 52ND AVENUE, MOLINE, IL 61265

REQUEST FOR RELEASE OF INFORMATION
RELEASE OF RECORDS

Telephone: (309)743-8129
Fax Number (309)757-3476

RE: _____ DOB: _____
(Name of Student)

I am the parent and/or legal guardian of the above named student, or I am the student and of legal adult age (18+) and I am requesting a copy of the records indicated below. I understand that the district has up to 10 school days to comply with my request. Records requested for release will be emailed to the parent/guardian at the email address provided below.

_____ _____
Parent/Guardian/Adult Student Printed Name *Phone number*

_____ _____
Parent/Guardian/Adult Student Signature *Date*

_____
Parent/Guardian/Adult Student email address

Records to be released:

☐ Current Academic Records
☐ Historical Academic Records
☐ Medical Information
☐ IEP or 504
☐ Other (Specify) _____