



West Aurora
School
District 129

1877 W. Downer Place
Aurora, IL 60506

Student Information & Records Release Request

Date Requested: _____

2nd Request _____

Name of Student: _____ Grade: _____ Date of Birth: _____

is permitted to release the information itemized below to
West Aurora School District 129.

West Aurora School District 129 is permitted to release the
information itemized below to:

	Urgent		Urgent
ISBE Good Standing Form		IEP (Individual Education Plan)	
Unofficial Transcript		Special Education & Multidisciplinary Files	
Official Transcript		Case Studies (including psychological evaluations)	
Attendance Records		Medical Evaluations/Records	
Current Grades (at time of transfer)		Immunization/Health records	
Latest report card		504 Plan	
Discipline records		Non-Educational Agency Information	
Standardized test scores		Other _____	
Verbal/Written communication		Other _____	
Other _____			

Signature of Parent/Guardian /Representative

Date

Signature of Student - for medical records only, parent and student signature is required for age 12 to 17

Date

NOTE: I understand that with written notice, I may revoke this authorization at any time and that I have a right to inspect or request a copy of the information to be disclosed. This authorization will automatically expire one year from the signed date.

PLEASE SEND ALL RECORDS TO:

- | | | | |
|--|---------------------|-------------------|--|
| <input type="checkbox"/> Special Education Department | Phone: 630-301-5080 | Fax: 630-844-4442 | jennifer.mayer@sd129.org |
| <input type="checkbox"/> Registration Department | Phone: 630-301-5050 | Fax: 630-892-5080 | registration@sd129.org |
| <input type="checkbox"/> _____ | _____ | _____ | _____ |
| School/Person | Phone | Fax | email |