WEST NORTHFIELD SCHOOL DISTRICT 31
3131 TECHNY ROAD, NORTHBROOK, ILLINOIS 60062-5899
847-272-6880 FAX: 847-272-4818 WWW.DISTRICT31.NET

REQUEST TO TRANSFER STUDENT RECORDS TO OR FROM ANOTHER SCHOOL DISTRICT

Date: _____

I, _____ of _____ Birthday_____
(Mother, Father or Guardian Name) (Child's Name)

Give my consent to West Northfield School District 31 to receive a certified copy of my child's student records from:

School Name: _____
School Address: _____
City, State, ZIP Code: _____
Phone Number: _____
Parent/Guardian Signature: _____
Address: _____
Phone: _____
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To Records Department: The following student has enrolled at West Northfield School District 31. To facilitate their continued education, we kindly request the transfer of their complete student records as permitted under the Illinois School Student Records Act (ISSRA) and the Family Educational Rights and Privacy Act (FERPA).

Student Information:

- **Student's Full Name:** _____
- **Date of Birth:** _____
  (MM/DD/YYYY)
- **Grade Level:** _____

Requested Records: Please include:

- Cumulative academic records (grades, transcripts, and credits earned)
- Attendance records
- Standardized test scores/Any EL scores, including WIDA Screener Scores, ACCESS Scores
- Health and immunization records
- Special education records, including IEP or 504 Plan (if applicable)
- Disciplinary records (if applicable)
- Other: [Specify additional records if needed]

Delivery Method: Please send the requested records via: Email to dislas@district31.net
Mail to: 3131 TECHNY ROAD, NORTHBROOK, ILLINOIS 60062-5899

Authorization: This request is made with proper consent from the parent/guardian or as permitted under state and federal regulations. A signed release form is attached if required.

Processing Timeline: We appreciate your prompt response and request that the records be sent within 10 School Days to avoid any disruption to the student's education.

Thank you for your cooperation.

3/24/2026