



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 charges \$.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.

Student Name: _____ Birthdate: _____

Requesting Parent/Guardian/Student:

(Printed Name) (Address)

(City) (State) (Zip) (Phone number)

Parent/Guardian Signature Date

Student Signature [Required for mental health/developmental disability records, if student is age 12 or older]

Witness Signature [Required for mental health/developmental disability records]

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 204'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 _____

Please direct all records inquiries to Dr. Christina Sepiol, Assistant Superintendent for Student Services
christina_sepivol@ipsd.org or 630-376-3061