



CENTRAL SCHOOL DISTRICT 51

Encourage Excellence Every Day with Compassion, Commitment, and Community

STUDENT RECORDS REQUEST FORM

I authorize Central School District 51 to release records to:

Name of Parent/Guardian/Designee _____ Email _____

Address _____ Phone _____

If not Parent/Guardian, relationship to student(s) _____

For the following students:

STUDENT

GRADE (last grade completed)

_____ Date

_____ Signature of Parent/Guardian/Designee

_____ I request a copy of my child's records. (Requests will be acknowledged/completed within 15 days. Copies - \$.35 per page)

_____ I request an appointment to inspect and/or challenge the contents of the records.

FOR OFFICE USE ONLY

Date Request Received _____

Request Received by _____ Title _____

Date response due _____ Date response made _____

Time extended to _____ Notification of extension _____

Copies made _____ How many _____ Cost _____

Denied _____

Signature of employee responding _____