

REQUEST FOR STUDENT RECORDS

From Monroe Center Grade School

Date _____

STUDENT NAME _____

BIRTHDATE _____

GRADE ENTERING _____

Please send the following records:

Permanent Records

Test Records

Health Records

Special Education Records

Psychologist Records

Birth Certificate

Records Being Sent From:

Records Are To Be Sent To:

School _____

MONROE CENTER SCHOOL

Address _____

17500 East Highway 72

City, State, Zip _____

MONROE CENTER, IL 61052

Phone () _____

Phone (815) 645-2230

Fax () _____

Fax (815) 393-4424

Email _____

Email-jmeyer@mail.meridian223.org

IN ACCORDANCE WITH REVISED FEDERAL AND STATE STATUES, PERMISSION OF THE PARENT OR ADULT STUDENT IS NO LONGER REQUIRED WHEN RECORDS ARE REQUESTED BY AUTHORIZED SCHOOL PERSONNEL.

Signature of Parent or Guardian _____

Relationship to Student _____

New Street Address _____

City, State, Zip _____

Telephone () _____