



REQUEST FOR STUDENT RECORDS

FROM HIGHLAND GRADE SCHOOL

Date: _____

STUDENT NAME: _____

BIRTHDAY: _____

GRADE: _____

Please mail or e-mail(*) the following records:

jbierdz@mail.meridian223.org

_____ Academic Records(including current grades)

_____ Test Records

_____ Permanent Records

_____ Special Education Records

_____ Health Records

_____ Home Language Survey

_____ Psychological Records

_____ Good Standing Forms

_____ Other

Records Being Sent From:

School: _____

Address: _____

City, State, Zip: _____

Telephone No. (____) _____

Fax No. (____) _____

Records Are To Be Sent To:

Highland School

410 S. Hickory St.

Stillman Valley, IL 61084

Telephone: (815) 645-2230 EXT. 2101

Fax Number: (815) 645-8200

FEDERAL LAW 99.31 - 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: (____) _____