



LOCKPORT SCHOOL DISTRICT 91 _____

808 Adams Street
Lockport, IL 60441

“Education is our connection to the future”

OFFICIAL REQUEST FOR RECORDS

Student Name: _____ **DOB:** _____

Grade: _____ Has the student ever attended an Illinois school? ___Yes ___No

Last School Attended: _____

Address: _____

City/State/Zip: _____

How long did student attend this previous school? _____

(If less than one school year, please complete an additional form for other school)

This release does not waive the right to challenge or review the contents of said records by the parents, guardian or emancipated minor as prescribed by law.

Parent Signature: _____ Date: _____

Please send the cumulative record for this student so proper placement can be made and recordkeeping maintained. Please include the following records:

1. All Medical and Immunization Records
2. Custody/Legal Guardianship Papers (if applicable)
3. Student Birth Certificate
4. Present and Past Grades
5. Attendance Record
6. Student's Cumulative file and Standardized Test Scores
7. ISBE Student Transfer Form(if transferring from an Illinois Public School)
8. Any Special Education Records, including most recent IEP, Psychological Evaluations, Social History, Educational Evaluations.

Thank you in advance for your prompt attention to this request.

Please mail Student Records to:

Attn: Lynn Krumlinde, Registrar
Student Data Specialist/Attendance Secretary

Lockport School District 91
808 Adams Street
Lockport, IL. 60441
Tel: (815)838-0737x1104

Fax: (815) 834-4339

Email: lkrumlinde@d91.net

Request Sent: _____