

Records Request Form

Name:			Date:	
Grade: K 1 2	3 4 5 6 7	8	D.O.B.:	
Parent/ Guardian:			Relationshi to Child:	p
Under Federal Law (PL 93-930), I have the right to review all school records of the student on request. I also have the right to challenge any contents that may be inaccurate, misleading or otherwise in violation of the privacy or rights of student.				
Signature of Parent:				
School Releasing Records				
Name of School:				
Address of School:				
Please send copies of the student's permanent, temporary, and health files to:				
School Receiving Records (circle one)				
Crow Island	Greeley School	Hubbard Woods	The Skokie School	Washburne
School	274 Fairview	School	520 Glendale Ave.	School
1112 Willow Rd.	Ave.	1110 Chatfield Rd.	Winnetka, IL	515 Hibbard Rd.
Winnetka, IL	Winnetka, IL	Winnetka, IL	60093	Winnetka, IL
60093	60093	60093		60093