



Community Unit School District 303

Donald D. Schlomann, Ph.D. • Superintendent of Schools • (331) 228-2000

REQUEST FOR TRANSCRIPT OF STUDENT RECORDS

Date: _____

To the Principal or Registrar of:
*Name, Address and Zip Code
of last school attended)*

_____ enrolled in _____ School
(Student's Name) (CUSD #303 School Name)

on _____ The student is assigned to grade _____ for the _____ school year.
(Student's Start Date)

Please send the school records indicated below and any other pertinent data to:

(CUSD #303 School Name and Address)

- Identifying information, academic transcripts, attendance record, record of release of permanent record information, accident and health record, honors and awards received, participation in school sponsored activities, standardized test scores, speech therapy reports
- Family background information
- Disciplinary information
- Psychological evaluations
- Special education files including reports of multi-disciplinary staffings
- Verified report from non-school persons or agencies which were part of special education decisions
- Social work reports

Sincerely,

Principal

AUTHORIZATION TO RELEASE INFORMATION FROM SCHOOL RECORDS

I hereby authorize the officials of _____ School
(Name of Last School Attended)
to release the temporary and permanent records of _____
(Student's Name)
to Community Unit School District 303 officials.

Signature _____
(Parent or Guardian)

"Empowering and Inspiring ALL"