



REQUEST FOR STUDENT RECORDS
(One form for each student record request)

Date: _____

Student's Name: _____ Male Female

Date of Birth: _____ Grade: _____

Records Requested:

- All cumulative records including health and immunization records, report cards, attendance records, standardized test scores/results, transcripts, Student Transfer Form (if transferring from a public school in Illinois)
- Special Education records and psychological tests (if applicable) requested separately

The Student is Transferring From:

School District Name: _____

School Name: _____

Street Address: _____

City, State, Zip Code: _____

School Phone: _____ School Fax: _____

Parent's Permission: I understand that my signature is not required for transfer of records between public schools as per 99.31 and 99.34 of the *Family Rights and Privacy Act of 1974*.

Signature of parent/guardian, or student if over 18

<input type="checkbox"/> Batavia High School 1201 Main Street Batavia, IL 60510 Attn: Registrar Phone: 630/937-8600 Fax: 630/937-8609	<input type="checkbox"/> Sam Rotolo Middle School 1501 S. Raddant Road Batavia, IL 60510 Phone: 630/937-8700 Fax: 630/937-8701	<input type="checkbox"/> Alice Gustafson Elementary & Early Childhood Center 905 Carlisle Road Batavia, IL 60510 Phone: 630/937-8000 Fax: 630/937-8001
<input type="checkbox"/> Grace McWayne Elementary 3501 Hapner Way Batavia, IL 60510 Phone: 630/937-8100 Fax: 630/937-8101	<input type="checkbox"/> H.C. Storm Elementary 305 N. Van Nortwick Batavia, Illinois 60510 Phone: 630/937-8200 Fax: 630/937-8201	<input type="checkbox"/> Hoover-Wood Elementary 1640 Wagner Road Batavia, IL 60510 Phone: 630/937-8300 Fax: 630/937-8301
<input type="checkbox"/> J.B. Nelson Elementary 334 William Wood Lane Batavia, IL 60510 Phone: 630/937-8400 Fax: 630/937-8401	<input type="checkbox"/> Louise White Elementary 800 North Prairie Street Batavia, IL 60510 Phone: 630/937-8500 Fax: 630/937-8501	2016-02-01