



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

Student's Name: _____ Male Female
Date of Birth: _____ Grade Entering: _____ School Year Enrolling: _____

Records Requested:

- All cumulative records including health and immunization records, report cards, attendance records, standardized test scores/results, transcripts
- Special Education records and psychological tests (if applicable)
- Illinois State Board of Education Student Transfer Form
- **Within 10 days of the receipt of this request**, the district will forward the student records to the Batavia Public School District Central Office at:

Batavia Public School District 101
335 W. Wilson Street
Batavia, IL 60510
(630) 937-8800 - Phone
(630) 937-8801 - Fax
enrollment@bps101.net - Email

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

Date