



Community Unit School District 303

Student Records Transfer Request

(To be used when requesting records be sent to the official records custodian of another school)

Today's Date _____

To the Records Custodian of:

School Name:
Address:
City:
State & Zip Code:

Request sent via: Email _____ Fax _____ Mail

Student's Name _____ Date of Birth _____

_____ enrolled in _____ school on
(Student's Name) (School Transferring to)

_____. The student is assigned to grade _____ for the _____ school year.
(Enrollment Date)

Please send all permanent and temporary student records for the above mentioned student to:

School Name _____

School Address _____

School Address _____

Attention _____

Except as otherwise provided in 23 Illinois Administrative Code, Section 375.75, the records of a student shall be transferred by the official records custodian of a school to another school in which the student has enrolled or intends to enroll upon the request of the of the official records custodian of the other school or the student, provided that the parent receives prior written notice of the nature and substance of the information to be transferred and opportunity to inspect, copy, and challenge the information to be released. Parent/guardian consent to release records to another public education institution in which the student intends to enroll in not required.

Record Custodian's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

"Empowering and Inspiring ALL"