



## REQUEST FOR RECORDS

Name of Former School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New School: \_\_\_\_\_ Start Date: \_\_\_\_\_

### Student Details

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DoB: \_\_\_\_\_ Last Grade Level: \_\_\_\_\_

Was the student receiving any special education services?  YES  NO

*I hereby give permission to release any school records, test results, health and immunization records, special education records, psychological reports, and other pertinent information regarding the student listed above.*

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE SEND RECORDS TO:

<b>Je-Neir Elementary School</b> 1001 W. Second St. Momence, IL 60954 (815) 472-6646 JN-Office@mcusd1.net	<b>Momence Junior High School</b> 801 W. Second St. Momence, IL 60954 (815) 472-4184 JH-Office@mcusd1.net	<b>Momence High School</b> 101 N. Franklin St. Momence, IL 60954 (815) 472-6477 HS-Office@mcusd1.net
<b>Momence Early Childhood Center</b> 801 W. Second St. Momence, IL 60954 (815) 472-4045 EC-Office@mcusd1.net	<b>MCUSD Special Education Dept.</b> 801 W. Second St. Momence, IL 60954 (815) 472-3500 Fax: (815) 472-2056	