

Record Request Form
Lewistown Community Unit School District #97
Joey McLaughlin, Principal

Parent/Guardian Authorization for Exchange/Release of Information

Student(s)	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that my permission covers the release of permanent and temporary records as well as the release of confidential records and reports. Also, I understand that I have the right to inspect and copy school records, to challenge the contents of those records, and/or limit this consent to specific records.

Signature of Parent/Guardian or Adult Student over age 18

Date

Records coming from:

School: _____ Address: _____
Phone: _____ Fax: _____

Please forward all Cumulative Records on the student(s) above to the SCHOOL NOTED BELOW.

Please include:

- | | | |
|---|--|---|
| <input type="checkbox"/> Student in Good Standing Form | <input type="checkbox"/> Medical/Dental Reports | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Permanent/Temporary Academic Records | <input type="checkbox"/> Assessment Information
(MAP, IAR, or other standardized tests) | <input type="checkbox"/> Report Cards |
| | | <input type="checkbox"/> Grades in Progress |

Central School (4th-6th Grade)

15501 E. Avenue L
Lewistown, IL 61542
Phone: (309) 547-2231
Fax: (309) 547-5235
Email: cmiller@lewistown97.net

Lewistown Elementary (ECE-3rd Grade)

15501 E. Avenue L
Lewistown, IL 61542
Phone: (309) 547-2240
Fax: (309) 547-5235
Email: mcleer@lewistown97.net

Please forward all Case Study Records to:

Lewistown CUSD #97
15501 E. Avenue L
Lewistown, IL 61542
Phone: (309) 547-2231
Fax: (309) 547-5235
Email: anelson@lewistown97.net

Please include:

- Conference Summary Reports (Eligibility)
 IEP Reports
 Social Development Reports
 Psychological Reports
 Additional Case Study Reports
 Other