

Lick Creek CCSD# 16



Home of the Eagles!

Superintendent Brent Boren
Ph: (618)-833-2545

STUDENT RECORDS REQUEST

Please send all relevant education records for the following student:

Student Name _____ Grade _____

Birthdate _____ Gender _____

School last attended _____

Address _____

City _____ State _____ Zip Code _____

Please release the following information to:

Caron Sullens
csullens@lickcreekschool.com
Lick Creek CCSD #16

- ✓ ISBE Student Transfer Form
- ✓ Academic Transcripts and/or Report Cards
- ✓ Immunization and Health Records
- ✓ Copy of Birth Certificate
- ✓ Testing data (ISAT, Iowa, Rtl, AIMSweb, Accelerated Reader, etc.)
- ✓ IEP and other Special Education Records (if applicable)
- ✓ Any other relevant information _____

Date records requested _____ Date records received _____