

Students

Exhibit – Request For Release Of Student Records

GRANITE CITY COMMUNITY UNIT SCHOOL DISTRICT NO. 9
1947 ADAMS STREET
GRANITE CITY, ILLINOIS 62040
618-451-5800

REQUEST FOR RELEASE OF STUDENT RECORDS

Date: _____

I hereby request the following student records for _____

(name of student)

Student Date of Birth _____ Approx. dates of enrollment _____

_____ Transcripts _____ Achievement Test/Test Scores

_____ Health Records _____ Psychological Records

_____ Special Education Records

_____ Other, _____

Signature of parent, legal guardian or student

Per Policy 7:340, the parent(s)/guardian(s) of a student under 18 years of age, or designee, shall be entitled to inspect and copy information in the child's school records; a student less than 18 years old may inspect or copy information in the student's permanent school record. Such requests shall be made in writing and directed to the records custodian. Access to the records shall be granted within 15 days of the District's receipt of such a request. When the student reaches 18 years of age, graduates from high school, marries, or enters military service all rights and privileges accorded to parent(s)/guardian(s) become exclusively those of the student. The district reserves the right per policy to charge for copies at the rate of \$.35 per copy.

For Office Use Only:

_____ *verification of parental rights to records, if student under age of 18*

_____ *photo identification used to verify identity of person requesting records*

_____ *date records released* _____

_____ *method of release of records* _____

Signature of school district official/records custodian

Adopted: 8/12/08