

Dr. Elizabeth Lewin  
Interim Superintendent

# Carbondale Elementary School District No. 95

LAKELAND ADMINISTRATIVE CENTER  
925 South Giant City Road  
Carbondale, IL 62902  
618.457.3591 FAX ~ 618.457.2043

Justin M. Miller  
Assistant Superintendent

Colleen Doyle-Parrott  
Director of Curriculum/Assessment & Instruction

Zeppelyn Brewer  
Director of Pupil Services

## REQUEST FOR ACCESS/RELEASE OF SCHOOL STUDENT RECORDS

The undersigned requests access or release of school student records for the following student:

Student Identifying Information	Information Requested/To be Released
_____	Permanent Record Information _____
<i>Name of Student:</i> _____	Standardized test data _____
_____	Medical Records _____
<i>Date of Birth</i> _____	Attendance _____
_____	Temporary Record Information _____
<i>Schools Attended, Years Attended</i> _____	Special Education Records _____
_____	Immunization Records _____
_____	<i>Other</i> _____

*Special Note: If your last name has been changed for any reason, and was different on school records, please indicate the change in order to help us locate all records.*

### AUTHORITY FOR ACCESS/RELEASE

- \_\_\_\_\_ As the student (if over 18 years of age).
- \_\_\_\_\_ As the parent(s)/guardian(s) or a person specifically designed as a representative of the parent (if representative, attach documentation).
- \_\_\_\_\_ As the official record custodian or designee of a school in which the above named student has enrolled or intends to enroll.

I assure that the school student records information that I receive is to be used only for the purposes indicated, that my receipt of the information is in conformance with all applicable federal and state laws, regulations, and school district policies, and that I will not disclose such information to any other person. (Assurance not necessary for parent/guardian or eligible student requests).

\_\_\_\_\_  
Date Signature of Student (if over 18) or Parent/Guardian

\_\_\_\_\_  
Date Signature of Requesting Person Title

### Board of Education

John Major, President  
Michelle Connet Catherine Field

Carlton Smith, Vice President

Erinn Murphy, Secretary  
Gary Shepherd Natasha Zaretsky



**PURPOSE (S):**

- Transferring to another school district.  
Name of District: \_\_\_\_\_  
Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_
- Transferring from CES 95 to another school district.  
Name of District: \_\_\_\_\_  
Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_
- For research, statistical reporting or planning (attach affidavit signed by person (s) conducting the study).
- Pursuant to a court order (attach copy of order).
- In connection with an emergency to protect the health or safety of the student or other persons (attach documentation or statement of emergency).
- Other: \_\_\_\_\_

_____ Please send my records to the address below (or) _____ Please call me when my records are available and I will collect them: (Please check one.)	
Name _____	This information was released _____ Date _____
Title _____	This request for release of information was denied for the following reasons.
Address _____	_____
City _____ State _____ Zip Code _____	Date _____ Signature of Custodian of Records _____
Phone Number _____	

FEDERAL STATUTE ENTITLED: Privacy Rights of Parents and Students  
Schools may send a student's educational record to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record if desired, and have an opportunity to challenge the content of the record.

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