

Permit for Securing Information

I give permission for:

**South Pekin Grade School District 137
206 West Main, Box 430
South Pekin, IL 61564-0430**



To Release to OR

To Secure from: _____
School or Professional Person

Address, City, State, Zip

Information regarding _____
Student's Name

Date of Birth ____/____/____ Entering or in ____ Grade

- ___ Students transferring from another Illinois School
ISBE Form 33-78 (Student in Good Standing Form)
- ___ **Academic Records**
- ___ **Health & Medical Records / Birth Certificate**
- ___ **Current I.E.P.**
- ___ **Psychological Reports / Social Developmental Reports**
(*Student must sign for this request – if he/she is age 12 or older)
- ___ **Speech & Language Reports**
- ___ **Occupational Therapy / Physical Therapy Reports**
- ___ **Other** _____

I have the right to inspect and copy such records and to challenge the content of the records.

Parent/Guardian **Date**

***Student must sign also – if age 12 or older** **Date**

Street Address **Box #** **City** **Zip**