

REGIONAL OFFICE OF EDUCATION
CHAMPAIGN – FORD COUNTIES
200 S. Frederick Street
Rantoul, Illinois 61866

STUDENT RECORDS REQUEST / RELEASE / EXCHANGE FORM

(Name of Student)

(Birth Date)

(Current Grade Level)

(Year of Graduation)

(Withdrawal Date)

I hereby authorize the Regional Office of Education to release/exchange all records concerning the above named student (please check below).

Academic Health Psychological Other: _____
(Specify)

to/with _____
(School/Employer/Social Agency, etc.)

(Address)

I understand that I have the right to challenge any entry, except academic grades or references in the records to expulsions or out-of-school suspensions being made at the time of transfer to another school. I understand that I have the right to insert a statement, of reasonable length, setting forth my position on any challenged material and have a right to a hearing to challenge the accuracy, relevance, or propriety of the records. I further understand that this release is limited to the time specified below and that anytime during this period I may revoke this permission.

Permission to release information is given on: _____
(Date)

and is to be considered void on and following: _____
(Date)

(Signature of Parent/Guardian or Student 18 Yrs. Of Age)

Please send these records to:

(Date)
Approved: 07/01/01

(Signature/School Official and Title)
(Student Record Release Form, 735.00F)