

NIPPERSINK SCHOOL DISTRICT 2
Spring Grove Elementary

2018 Main St.
Spring Grove, IL 60081
Telephone: 815-678-6750 Fax: 815-678-6760



Chris Pittman, Principal
Tom Lind, D., Superintendent
Denise Levendoski, Business Manager
District website: nippersinkdistrict2.org

Date: _____

REQUEST FOR RECORDS

The student listed below has enrolled in our school district. Please forward to us the **cumulative records, counselor and psychological reports, test scores, and special education records (if any) including IEP for this student.**

PLEASE FORWARD ALL MEDICAL RECORDS ASAP (FAX) 815-678-6760

Student Name: _____

Student's Grade Level at Previous School: _____ **Date of Birth:** _____

Name of Previous School: _____

Address of Previous School: _____

Telephone: _____ **Fax:** _____

I am the Parent/Guardian of the student named above and authorize the release of the above-mentioned records to:

Spring Grove Elementary
Attn: Julie Lappen
2018 Main St.
Spring Grove, IL 60081

Signature of Parent/Guardian

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Chris Pittman".

Chris Pittman, Principal