Spring Grove Elementary School

2018 Main Street
Spring Grove, Illinois 60081
815-678-6750 815-678-6760-fax
www.nippersinkdistrict2.org
Mr. Chris Pittman, Principal
Dan Oest Ed. D., Superintendent

REQUEST OF STUDENT RECORDS

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

Student Name

	Grade Level at Previous School		Date of Birth	
	Name of Previous School			
	Address			
	Telephone #		Fax#	
I am the Parent/Guardian of the student named above and authorize the release of the above-mentioned records to				
		Spring Grove Elementa 2018 Main Stre		
		Spring Grove, Illinois		
		. 5		
Sign	ature of Parent/Guardian		Date	
Tha	nk you for your prompt attention to	o this matter.		
Sinc	erely,			
				Received Request for Records
Mr.	Chris Pittman			neceived nequest for necords