

**REQUEST FOR STUDENT RECORDS  
FREMONT SCHOOL DISTRICT 79**

**DATE:** \_\_\_\_\_

**NAME OF SCHOOL, PHYSICIAN, OR AGENT** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**Dear** \_\_\_\_\_,

\_\_\_\_\_ entering \_\_\_\_\_ grade has enrolled in the Fremont School District #79 for the 2016-2017 school year.

**I authorize you to release the following records so that he/she may be properly enrolled and we can better his/her educational needs:**

\_\_\_\_\_ **Academic records including attendance and report cards, standardized test results**

\_\_\_\_\_ **Health and medical records**

\_\_\_\_\_ **Psychological testing**

\_\_\_\_\_ **Special services records including MDC Reports, IEP Reports**

\_\_\_\_\_ **I further allow Fremont School to discuss with the agent, physicians or school above issues relating to the appropriate educational planning for my child.**

**It is understood that copies of these records will be transferred to:**

<b>Grades K-3</b>	<b>Grades 3-5</b>	<b>Grades 6-8</b>
Fremont Elementary School	Fremont Intermediate School	Fremont Middle School
28908 N. Fremont Center Rd	28754 N. Fremont Center Rd	28871 N. Fremont Center Rd
Mundelein, IL 60060	Mundelein, IL 60060	Mundelein, IL 60060
(847) 837-0437	(847) 388-3700	(847) 566-9384
(847) 837-9540 (Fax)	(847) 388-6900 (Fax)	(847) 566-7805 (Fax)

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**