

Please submit one form for each student record request.

Today's Date: _____

Student's Name: _____

Male

Female

Date of Birth: _____

Current Grade: _____

Records Requested

- All cumulative records including health and immunization records, report cards, attendance records, standardized test scores/results, transcripts, Student Transfer Form (if transferring from a public school in Illinois).
- Special Education records and psychological tests (if applicable) requested separately.

The Student is Transferring From

School District Name: _____

School Name: _____

School Address: _____

City, State, Zip: _____

School Phone Number: _____

School Fax Number: _____

Parent Permission

I understand that my signature is not required for transfer of records between public schools as per 99.31 and 99.34 of the Family Rights and Privacy Act of 1974.

Signature of Parent/Guardian, or student if over 18

Name of Parent/Guardian, or student if over 18

Please Remit Records To

Sycamore High School

427 Spartan Trail
Sycamore, IL 60178
Phone: (815) 899-8144
Fax: (815) 899-8206

Sycamore Middle School

150 Maplewood Drive
Sycamore, IL 60178
Phone: (815) 899-8170
Fax: (815) 899-8177

North Elementary School

1680 Brickville Road
Sycamore, IL 60178
Phone: (815) 899-8209
Fax: (815) 899-8213

North Grove Elementary School

850 Republic Avenue
Sycamore, IL 60178
Phone: (815) 899-8124
Fax: (815) 899-8114

South Prairie Elementary School

820 Borden Avenue
Sycamore, IL 60178
Phone: (815) 899-8299
Fax: (815) 899-8292

Southeast Elementary School

718 South Locust Street
Sycamore, IL 60178
Phone: (815) 899-8219
Fax: (815) 899-8221

West Elementary School

240 Fair Street
Sycamore, IL 60178
Phone: (815) 899-8199
Fax: (815) 899-8195