



Lincoln-Way North High School
19900 S. Harlem Ave.
Frankfort, IL 60423

Date Mailed/Faxed: _____

STUDENT RECORDS REQUEST

REQUESTING RECORDS OF:

Last, First, M.I.

Date of Birth

Class Of

RECORDS NEEDED:

- * **ISBE Student Transfer Form**
(For Illinois public school transfers only)
- * **Official Transcript of Grades, Credits Earned, Test Scores, Attendance Records** (Grades & test scores only for in-coming freshman)
- Grade to Date of Withdrawal**
(if withdrawing during a school year)
- Health Immunization Records**
- Driver Education Verification**
(Please indicate number of hours in each phase)
- Federal & Illinois Constitution Test Verification** (if applicable)
- A List of All Athletic and Extracurricular Activities Student Participated In**
(High School Only)
- Psychological/Social Work Evaluations, IEP's and Special Education Records**

Please fax unofficial records (*) for pending appointment. Thank you!

REQUESTING FROM:

Name of Former School

Address

City, State Zip

()

Phone # w/Area Code

()

Fax #

Authorization: _____

Signature

PLEASE FORWARD OFFICIAL RECORDS TO:

Mrs. Marilyn Gray, Registrar
Lincoln-Way North High School
19900 S. Harlem Ave.
Frankfort, IL 60423

Phone: (815) 534-3040 Fax: (815) 534-3039

NOTE: Parental Permission is not necessary when records are requested by authorized school personnel. Please refer to the family educational rights and privacy act, final rule on education records. **Federal Register, June 17, 1976, Vol. 41, No. 118, Pg. 24673**