

Address

District Records Office 355 East Chicago Street Elgin, Illinois, 60120-6543 (847) 888-5000 x5329 FAX (847) 608-2759

Academic Success for All

REQUEST FOR ACCESS TO STUDENT'S DIRECTORY INFORMATION

The und		ts to have access, or has the authority t	to access the following student directory	
		rmation" Name, address, gender, gradens names and addresses.	e level, birthdate and place,	
	Academic award	ds, degrees, honors.		
	Information rela	ated to school-sponsored activities, org	ganizations, athletics, major field of	
	Period of attend	ance in school		
	Forwarding scho	ool/address		
The abo	ove information i	is requested for the following student(s	s):	
	Name	<u>Birthdate</u>	School	
Reason	for request			
that my regulati	receipt of the intions, and school	formation is in conformance with all a	o be used only for the purposes indicated pplicable federal and state laws, close such information to any other personal properties.	
Date	e	Signature	Title	
The inf	ormation request	eed should be sent to:		
	Name (Print)		Title	

Phone