

**MACOMB COMMUNITY UNIT SCHOOL DISTRICT #185  
Macomb, Illinois 61455**

**AUTHORIZATION FOR RELEASE OF RECORDS**

**Please send records to the school circled below**

**I hereby consent to and request the release of school records for the following student:**

\_\_\_\_\_ **Name of Student** \_\_\_\_\_ **Date of Birth**

**From the school last attended:**

School Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**This request includes:**

- Permanent Records – Birth certificate, academic transcript, health and attendance records.
- Temporary Records – includes group and individual intelligence, aptitude, and achievement scores, and special education records. (Specifically requested are copies of current or most recent MDC, IEP, speech, psychological evaluation, social-developmental reports, and other required case study components).

**IF SPECIAL EDUCATION RECORDS ARE MAINTAINED IN A SEPARATE OFFICE,  
PLEASE FORWARD A COPY OF THIS REQUEST TO THE APPROPRIATE OFFICE.**

**(Circle One)**

MacArthur Early  
Childhood Center  
235 W. Grant St.  
Macomb, IL 61455  
Phone: (309) 833-4273  
Fax: (309) 833-5651

Lincoln Elementary School  
315 North Bonham St.  
Macomb, IL 61455  
Phone: (309) 833-2095  
Fax: (309) 837-7802

Edison Elementary School  
521 S. Pearl St.  
Macomb, IL 61455  
Phone: (309) 837-3993  
Fax: (309) 837-9992

Macomb Jr. or Sr. High School  
1525 South Johnson St.  
Macomb, IL 61455  
Phone: (309) 833-2074 Jr. High  
Phone: (309) 837-2331 Sr. High  
Fax: (309) 836-1034

I understand that I have the right to inspect, copy, and challenge the contents of the school student records in question prior to release and the right to limit any consent for the release of the school student records to designated portions of information in the school student records.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date