



# Cary Community Consolidated School District 26

Cary, Illinois 60013 • 847-639-7788

## Authorization to Receive or Release Educational Records

Cary Community Consolidated School District 26 is hereby authorized to:

Receive     Release or Copy    all Records, including Special Education and Health

**Student has received special education.** Records to be released must include the I.E.P., evaluations and all information relative to eligibility and placement.

_____	_____	_____
Name of Student	Birthdate	Current Home Phone
_____		_____
Name of Parents		Current Address
_____		_____
School Name		School Phone Number
_____		_____
School Address		City, State, Zip

### Please forward all records to the address indicated below.

<input type="checkbox"/> Briargate School 100 South Wulff Street Cary, IL 60013 847-639-2348 847-516-5516 fax	<input type="checkbox"/> Prairie Hill School 233 Oriole Trail Cary, IL 60013 847-516-5513 847-516-5538 fax
<input type="checkbox"/> Deer Path School 2211 Crystal Lake Road Cary, IL 60013 847-516-6350 847-516-6355 fax	<input type="checkbox"/> Cary Junior High School 2109 Crystal Lake Road Cary, IL 60013 847-639-2148 847-516-5507 fax
<input type="checkbox"/> Maplewood School 422 West Krenz Avenue Cary, IL 60013 847-639-2152 847-516-5523 fax	<input type="checkbox"/> Cary Community Consolidated School District <b>ADMINISTRATION CENTER</b> 2115 Crystal Lake Road Cary, IL 60013 847-639-7788 847-639-3898 fax
<input type="checkbox"/> Three Oaks School 1514 Three Oaks Road Cary, IL 60013 847-516-5533 847-516-5514 fax	

Parents and students are hereby notified that the district will maintain permanent student records for sixty (60) years and temporary records for five (5) years from the time a student transfers or permanently withdraws from the school district. Parents/students have the right to request copies of such records at any time prior to their destruction. In the case of graduates from Cary Community Consolidated School District 26, Community High School District 155 shall be the custodian of all academic and health records.

I understand that I have the right to request copies of such records at any time prior to their destruction at a cost of \$.35 per page and \$1.00 for pages larger than legal.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Note: According to the Illinois Student Records Act [105 ILCS 10/6(a)] and the federal Family Rights and Privacy Act of 1974, parent signature is not required when records are being transferred from one district to another. However, when possible, the signature will be provided as a matter of information and record.