

MORRISONVILLE COMMUNITY UNIT DISTRICT NO. 1  
MORRISONVILLE, IL 62546

Superintendent  
217-526-4431  
Elementary School  
217-526-4441  
FAX: 217-526-4433

TRANSFERRED FROM : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*OFFICIAL RECORDS REQUEST\*\***

Dear Colleague,


The following student \_\_\_\_\_ has enrolled in Morrisonville Community Unit District No. 1, on \_\_\_\_\_. Please forward the following records in order that we may properly provide for his/her educational program.\*

- \_\_\_\_\_ Official Administrative Record (Name, birthdate, grade level completed, grades, class standing, and attendance record, date of withdrawal.)
- \_\_\_\_\_ Cumulative Grades
- \_\_\_\_\_ Test Scores
- \_\_\_\_\_ Immunization and Health Records
- \_\_\_\_\_ Special Placement/Services

\*P.L. 93-380 Sec. 438, "Protection of the Rights and Privacy of Parents and Students," exempts enrolling School Districts, and the District of Transfer, from requiring parents signatures to release the above requested information. Please be cordially reminded of your prior obligation however, to notify parents of records transfer and their rights to review, copy, and challenge accuracy.

\_\_\_\_\_  
(Parent/Guardian Signature)

Respectfully yours,

  
Christy L. Willman  
Principal

**FORWARD TO:**

MORRISONVILLE ELEMENTARY SCHOOL  
301 SCHOOL STREET  
MORRISONVILLE, IL 62546