

**GENEVA COMMUNITY UNIT SCHOOL DISTRICT 304  
STUDENT SERVICES OFFICE  
227 N. FOURTH STREET  
GENEVA, IL 60134**

**PHONE: 630-463-3061  
FAX: 630-463-3069**

**RELEASE OF RECORDS**

I hereby request \_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Street address) (City) (State) (Zip Code)

to release the special education records for the following student for the purpose of IEP review and program placement.

\_\_\_\_\_  
(Name) (Birthdate)

Please release the following special education records indicated below:

\_\_\_\_\_ Initial Evaluation & IEP or most recent Re-evaluation including:

- psychological evaluation
- social history
- speech and language evaluation
- health history
- and IEP generated from the initial evaluation)

\_\_\_\_\_ Most recent Annual Review/IEP

\_\_\_\_\_ Speech/Language Initial Evaluation or most recent Re-evaluation

Records should be sent to: Community Unit School District #304  
Student Services Office  
227 N. 4<sup>th</sup> Street  
Geneva, IL 60134

\_\_\_\_\_  
(Date) Parent

Cc: Student Services Office