Franklin and Jefferson Special Education #801
409 East Park Street
Benton, IL 62812
Jera Pieper, Director

REQUEST FOR IEP RECORDS

Date: _____

Student Name: _____ Student Grade_____

Student Address: _____

Date of Birth: _____

☐ I am requesting that you release of special education records.
Please release the information checked below:
__ IEP (most Current)
__ Psychological Report
__ Auditory Report
__ Occupational Therapy/Physical Therapy Report
__ Vision/Hearing Evaluations
__ Other (Please describe)_____
_____

PRINT – Name of Requestor: _____

SIGNATURE – Name of the Requestor: _____

Relationship to the Student: _____

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Office Use Only:

Additional Information:_____

Processed By: _____

Date: _____