

**Antioch Community Consolidated School District 34**

Administration Office  
964 Spafford Street  
Antioch, IL 60002-1542  
Phone: 847-838-8486

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_

Street Address

City

State

Zip Code

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

To Whom It May Concern:

The above named student has enrolled at the Antioch CCSD 34; therefore, we are requesting the following information and/or student files:

- Report Card
- Immunization & Health Records
- Test Results
- EL Reports
- Psychological Reports
- Special Education Records (if applicable) Email: [gwagner@antioch34.com](mailto:gwagner@antioch34.com)
- Other Pertinent Information

**Please send to:**

Antioch CCSD 34  
District Registrar  
964 Spafford Street  
Antioch, IL 60002

In compliance with the Final Regulations-Family Education Rights and Privacy Act dated June 17, 1976, which states that it is no longer necessary to obtain written consent to release records between schools or school systems. The transferring school must, within 10 days of the notice of the student's transfer, forward a copy of the student's school record to the student's new school.

Thank you for your assistance.

Antioch CCSD 34