



WABASH AND OHIO VALLEY SPECIAL EDUCATION DISTRICT

Monica Girtten, Director

800 S. Division Street | Norris City, Illinois 62869 | 618-378-2131 | Fax: 618-378-3153 | www.wovsed.org

Request for Special Education Records

Student Name: _____ Date of Birth: _____

I am requesting:

IEP (most current)

Eligibility Determination Conference (most current)

Psychological Report(s)

Related Service Evaluation Report(s)

Other:

Name of Requestor (PRINT)

Relationship to the Student

Signature of Parent/Guardian or Adult Student Age 18+ Date

Signature of Child Age 12 and Over (if applicable) Date

Send Records by:

Will pick up

Email: _____

Fax # _____

Mail to: Name _____

Agency (If applicable) _____

Street Address: _____

City/State/Zip: _____