



WABASH AND OHIO VALLEY SPECIAL EDUCATION DISTRICT
Monica Girten, 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: _____