



WABASH AND OHIO VALLEY SPECIAL EDUCATION DISTRICT
David Kaytor, 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: _____