

HIGHLAND PARK HIGH SCHOOL

433 Vine Avenue, Highland Park, IL 60035

Rec'd _____

Processed _____

Special Education Records Request Form – College/University

Phone: 224-632-3331 – FAX: 224-765-2711

Please allow 5 business days for processing. Complete this form in its entirety. It must be legible.

Student's Full Name: _____ ID Number: _____
(Last) (First)

DOB: _____ Grad Year: _____ Phone: _____ Email: _____

Are we: (circle one) **MAILING FAXING EMAILING**

This information is due to the college by _____ date.

List the **name and full mailing address of the school/organization** where you want the records sent:

(Name of school/organization) (To whose attention should we send your information?)

(Mailing Address)

Fax # (if applicable): _____ Email (if applicable): _____

Special Instructions: _____

One form per college please.

HIGHLAND PARK HIGH SCHOOL

433 Vine Avenue, Highland Park, IL 60015

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