

## REQUEST FOR STUDENT RECORDS

### Request Information

Name of Requestor: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Student DOB: \_\_\_\_\_

Current School: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Records Requested

Check the categories of records requested below. Indicate whether you would like copies of the records or the opportunity to review them. You may be charged \$.10 per page for copies. \_\_\_ Copies \_\_\_ Review

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Cumulative file            | <input type="checkbox"/> Enrollment records     | <input type="checkbox"/> McKinney Vento          | <input type="checkbox"/> Acknowledgements  | <input type="checkbox"/> Attendance           |
| <input type="checkbox"/> Grades                     | <input type="checkbox"/> Transcript             | <input type="checkbox"/> Discipline              | <input type="checkbox"/> State Assessments | <input type="checkbox"/> District Assessments |
| <input type="checkbox"/> Parent/Student contact log | <input type="checkbox"/> Special education file | <input type="checkbox"/> Section 504 file        | <input type="checkbox"/> Classroom records | <input type="checkbox"/> Work samples         |
| <input type="checkbox"/> Success plans              | <input type="checkbox"/> Behavior plans/data    | <input type="checkbox"/> Intervention plans/data | <input type="checkbox"/> Counseling office | <input type="checkbox"/> Health Room          |
| <input type="checkbox"/> Food service               | <input type="checkbox"/> Bus/Transportation     | <input type="checkbox"/> Extracurricular         | <input type="checkbox"/> Activities        | <input type="checkbox"/> Yearbook             |
| <input type="checkbox"/> Programs                   | <input type="checkbox"/> Emails*                | <input type="checkbox"/> Other: _____            |  |   |

\*Emails that have been maintained as part of your child's education records will be provided.

### Scope of Request

Indicate the date range for which you are requesting records.

Beginning date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: Sole possession records created and maintained by an individual employee that are not shared with others (except for a substitute) do not constitute education records and will not be provided.

### Purpose of Request

Indicate whether you are requesting to review records prior to a scheduled IEP meeting by listing the meeting date below. Please note that the scope of your request may require the meeting to be rescheduled.

Meeting date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Timing

Your request will be processed as soon as reasonably practicable and without unnecessary delay, but no later than 45 days from the date your request is received. You will be notified of the approximate date the records will be available if more than 3 business days are required to compile them.

FOR INTERNAL USE ONLY

Date received: \_\_\_\_\_ Date provided (inform parent of estimate if more than 3 days): \_\_\_\_\_ Fees waived: \_\_\_ Yes \_\_\_ No