RECORDS REQUEST

|  |  |
| --- | --- |
| Parent’s Name: |  |
| Address: |  |
| City, State, and Zip: |  |
| Phone: |  |
| Student’s Name: |  |
| Date of Birth: |  |
| Grade Level: |  |
| School of Attendance: |  |
| School District: |  |

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Administrator of Records:

I am requesting the school records for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name), who is attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(school name). The records requested include, but are not limited to:

IEP records, assessment records, attendance records, and other information acquired by the school in regard to the student.

Please mail the records to my home address listed above.

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent Signature)

(Cal. Educ. Code §56504: the parent shall have the right and opportunity to examine all school records of the child and to receive copies pursuant to this section and to Section 49065 within 5 business days after such request is made by the parent, either orally or in writing…)