Sent via:		Principal/Designee's initials:
U.S. M	()	Date Received:
	Delivered	
	REQUEST	FOR RECORDS
Date:	/	
Principal:		School:
Address:		
	Request for Records	
	Student Name:Special Education Student	D.O.B.://
Dear Sir o	r Madam:	
I am writi		s educational progress and how to help him/her in school ords for (student name), including, bu
•	Individualized Education Programs (Disciplinary Records, including, but referrals to a counselor or other school Attendance Records; Standardized Test Scores; Reports; Assessments and protocols; Grades/Progress Reports; Notes by teachers or other staff mem Memoranda.	t not limited to, suspension and expulsion notices and pol official;
request. S	See Cal. Educ. Code §§ 56504, 56043	ecords be provided within <i>five (5) business days</i> of the (n) (special education students) and 49069 (all students) F.R. § 99.10 (discussing access to records generally).
Cal. Educ		ght to receive copies of school records free of charge. See fees associated with the production of copies be waived
these reco	Fax to () or Mords to my attention. Thank you in according questions, please feel free to call many questions.	Mail or Arrange for pickup on/] a copy of dvance for your prompt action regarding this request. I he at ()
Sincerely,		
Signature o	of Parent/Legal Guardian	Print Name/Relationship to Student