STUDENT RECORDS

REQUEST FOR STUDENT EDUCATION RECORDS

Copy to student file							
Name of Agency				Address			
Requester							
Name of Authorized Person					Phone		
Requested from							
Name of Agency			Address				
Student							
Student Name					Address		
Parent Name					Address		
Previous School		Ado	dress		Dates Attended		
Purpose for request	about prev □ Need assis complex b □ Need evalut for immedi	ation available about vious school stance in understanding behavior and needs uation information iate special placement			Need information to help preparean educational program for the student Need verification that the student has a disability Other:		

	Permanent record data:		Basic identifying data, attendance data, and academic data			
Tuno of in	General cumulative data:		General administrative data and results of group tests			
Type of in- formation requested	Health data:		General medical data and reports			
	Specialized student data:		Individualized evaluation records and specialized reports (including reports from outside agencies)			
	Special education place- ment records:		All records of placement if special education			
	Suspension and/or expulsion records:		All records of suspension and/ or expulsion			
Assurance statement and signatures	In making this request, the undersigned agrees that the information received will be used only by the professional school staff members who are assigned to work with the student in the educational program and will not be released to any other party without the prior written consent of the parent or eligible student.					
	Date Requested		Authorized Signature			
	I,, as the parent of,					
Parental consent	(Parent Name) (Student's Name) consent to the release of records listed above to the party named above. I am aware of my rights to review the records and receive a copy at my expense, if I so request.					
	Signature of Parent		Date			