

Parent / Guardian Request for Student Records

(Please allow up to 14 business days for delivery)

Please release the following docur	ments for t	he student list	ed below:		
☐ Cumulative/Educational Records		☐ Special Education/IEP		□ ELL Data	
☐ Social/Psychological Records		□ Discipline	Records	☐ Health Data	a
☐ Scholastic/Student Progress date	ta	☐ Standardized/Proficiency Test Results			
□ Other:					
Student Information					
Last Name		First Name		MI	
		Grade (circl	e one): K 1	2 3 4 5 6	7 8
Date of Birth		Program (ci	rcle): Chine	ese Spa	nish
Please Mail records to:					
Fax #:	Email:				
Parent / Guardian Name (PRINT)		Date of Request			
			For Office Use	•	
Parent / Guardian Signature					