# Request for Student Records

Requestor's Name: _____ Relationship to Student: _____

**Student #1**
Name of Student: _____ Date of Birth: _____

Last School Attended: _____

**Student #2**
Name of Student: _____ Date of Birth: _____

Last School Attended: _____

**Student #3**
Name of Student: _____ Date of Birth: _____

Last School Attended: _____

**List the records you are requesting:**

☐ **All general education student records**

☐ **Verification of Enrollment:** ☐ **IRS** ☐ **Social Security Administration** ☐ **Immigration**

☐ **Last Annual ARD Meeting** ☐ **Annual ARD Meeting for School Year:** _____

☐ **Last Full and Individual Evaluation** ☐ **Full and Individual Evaluation Dated:** _____

☐ **Psychological Evaluation** ☐ **Individual Education Plan (IEP)**

☐ **All Special Education Records** ☐ **504/Dyslexia**

☐ **Other (Specify)** _____

_____

- Hard Copies of records provided at a cost of ten cents per page (over 50 pages)
- A photo ID of the requestor is required at the time of request
- Only legal parents or guardians, or students over the age of 18 may request student records
- If student is over 18 years of age the parent/guardian will need a letter from the adult student giving permission to pick up records

_____

**Signature** **Date** **Phone Number** **Email**

**Email request along with a copy of your ID to student.records@ccisd.net.**

**Office Use Only:**

☐ **Requestor ID Scanned**

Revised 06-29-21