

**DSD SPECIAL EDUCATION DEPT.
FILE/RECORD REQUEST**

DATE REQUESTED: _____

REQUEST PROCESSED BY: _____

STUDENT NAME: _____

STUDENT DOB: _____ **DSD ID #:** _____

DSD SENDING SCHOOL: _____

DSD CASE MANAGER: _____

FILE REQUESTED BY:

School/Agency

Department/Individual

Street Address

State, Zip

Phone Number

Fax Number

Date sent in DSD Pony: _____

OR

Date hand carried to DSD: _____