

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

DATE REQUESTED: _____

REQUEST PROCESSED BY: _____

STUDENT NAME: _____

STUDENT DOB: _____

DSD SENDING SCHOOL: _____

DSD CASE MANAGER: _____

FILE REQUEST BY: _____

School/Agency

Department/Individual

Street Address

City, State, Zip

Phone Number

Fax Number

DATE FAXED IEP & ELIG.: _____

DATE SENT IN DSD PONY: _____

OR

DATE HAND CARRIED TO DSD: _____