

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

DATE REQUESTED: _____

REQUEST PROCESSED BY: _____

STUDENT NAME: _____

STUDENT DOB: _____

DSD SENDING SCHOOL: _____

DSD CASE MANAGER: _____

FILE REQUESTED BY: _____

SCHOOL/AGENCY

DEPARTMENT/INDIVIDUAL

STREET ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

DATE FAXED/EMAILED IEP & ELIG: _____

DATE SENT IN DSD PONY: _____

OR

DATE HAND CARRIED TO DSD: _____