

## Request for Special Education Student Records

Return form to District Administration Office. The district has 15 days to complete the request.

Date of Request: \_\_\_\_\_

Name Person Requesting: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Student's Information

Legal Name:	Last	_____
	First	_____
	Middle	_____

Birth Date: \_\_\_\_\_ Student ID# or SSN \_\_\_\_\_

Grade Level: \_\_\_\_\_ Belgrade Schools attended: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

### The following records are requested:

- |  |  |
|--|--|
| <input type="checkbox"/> Access log                        | <input type="checkbox"/> Individual Education Plans (IEPs) |
| <input type="checkbox"/> Requests for evaluation           | <input type="checkbox"/> Progress Notes                    |
| <input type="checkbox"/> Permissions for evaluation        | <input type="checkbox"/> Aversive Treatment Plans          |
| <input type="checkbox"/> Evaluation reports                | <input type="checkbox"/> Functional Behavior Assessments   |
| <input type="checkbox"/> Summaries of assessments          | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Test protocols (front cover only) |  |

\*Complete separate *Request for Student Records* form for Cumulative and Medical Records.

Please note: A nominal fee (typically \$5) is charged for a records request, which includes both regular and special education copies. One request form should be completed for the district, not for each school the student attended.

### Signature of School District Representative Completing the Request Process:

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

PLEASE MAIL TO:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*The following information about students is not considered part of an education record and is not subject to access or disclosure rules under FERPA:*

- *Notes (handwritten or typed) kept in the sole possession of the maker (teachers, supervisors, school counselors, and administrators) which are used only as a personal memory aid and are not revealed to any other person other than a temporary substitute teachers or other replacement personnel. U.S. Code (20 USC 1232g).*