

Request for Student Records

(Active Student)

Please send this request to your child's current or previous school

Name of Student: _____ Student ID#: _____ Date: _____
Name of Requestor: _____ Relationship to Student: _____ Self
Student's Current School: _____ Parent/Guardian

I am requesting one copy of student records for my personal use. Specifically:

(Description of record(s) that you are requesting)

Report Cards/Transcripts
Attendance File Records Introduction
Discipline File Records
Health File Records
504 Records
Assessment Scores

Note:

Please note: All Special Education Records are available from the Special Services Department:
1501 39th Ave SW Puyallup, WA 98373. PH: 253-841-8700

We request up to 48 hours to prepare these records for you.

My signature certifies that this request was completed by me, and that all entries and information on this form are true to the best of my knowledge.

(Signature of requestor)

Required: Contact Number
Required: Photo ID

Your copies will be available after (time/date):

For Office Use Only:

Delivered on:

Prepared by: