

**UPPER ST. CLAIR SCHOOL DISTRICT
FORMER STUDENT REQUEST FOR SPECIAL EDUCATION, GIFTED OR SERVICE AGREEMENT RECORDS**

NAME: _____ **DATE OF BIRTH:** _____

YEAR OF GRADUATION: _____

ADDRESS WHEN ATTENDING UPPER ST. CLAIR SCHOOL DISTRICT:

CURRENT EMAIL ADDRESS: _____

CURRENT PHONE NUMBER: _____

For Former Students Leaving USCSD more than six years ago (2017 or earlier):

I am requesting my entire Student Support Services record (IEP / GIEP / Section 504). I understand that I must come in person with proper identification to the District Administration Building to obtain my record. I will be notified when the record is available to pick up.

For Former Students Leaving USCSD within the past six years (2018 or later):

Please send me a copy of my records which include (please check box(es) for 1, 2 OR 3. Indicate any other information requested under Other):

1. Most Recent IEP (School Age Individualized Education Plan) Most Recent Reevaluation Report
2. Most Recent GIEP (Gifted Individualized Education Plan) Most Recent Gifted Written Report
3. Most Recent Service Agreement
4. Other _____

Student's Signature

Date

SEND A COPY OF THIS COMPLETED FORM AND A COPY OF YOUR PHOTO ID BY EITHER:

Fax it to: 412-851-2860

Mail it to:

Upper St. Clair School District
Attention: Student Support Services
1775 McLaughlin Run Rd.
Upper St. Clair PA 15241

Email it to: studentservices@uscscd.k12.pa.us

If you have any questions, please call Student Support Services Department at 412-833-1600 ext. 2116

INTERNAL USE ONLY

INITIAL: _____ DATE RECEIVED: _____ DATE PROVIDED: _____ PHOTO ID: _____