

# STUDENT RECORDS REQUEST FORM

Tempe Elementary School District #3  
3205 S. Rural Rd. Tempe, AZ 85282  
480-730-7100  
www.tempeschools.org



## STUDENT INFORMATION:

Legal Last Name:	First Name:	Middle Name:
Date of Birth:	Names of schools attended in Tempe School District #3:	
Grades attended (K-8):	Last year/date attended or withdrawn:	

## REQUESTER INFORMATION:

<input type="checkbox"/> Self/Student (now 18 years or older)	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (explain relationship to student) _____	
Name:		
Current address:	_____	
Contact Phone Number:	Signature:	Today's Date:

## RECORDS BEING REQUESTED:

<input type="checkbox"/> All Records <input type="checkbox"/> Most Recent Report Card <input type="checkbox"/> All Report Cards <input type="checkbox"/> Standardized Test Results <input type="checkbox"/> Enrollment Verification/History <input type="checkbox"/> Attendance <input type="checkbox"/> Immunizations <input type="checkbox"/> Health Records <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Behavioral/Disciplinary <input type="checkbox"/> SPED/IEP Records <input type="checkbox"/> Other _____
Reason for Request: <input type="checkbox"/> Enrolling at New School <input type="checkbox"/> Tribe <input type="checkbox"/> Legal <input type="checkbox"/> Immigration <input type="checkbox"/> Consulate <input type="checkbox"/> Other _____
Indicate how you want to receive the records: <input type="checkbox"/> Pick up by requester <input type="checkbox"/> Pick up by other authorized person (Must show photo ID at time of pick up) _____ <input type="checkbox"/> U.S. Mail (provide name and address) _____ <input type="checkbox"/> Email* (provide name and email address) _____ <input type="checkbox"/> Fax (provide name and fax number) _____
<small>* The District cannot guarantee the security of records sent by email. Transmittal by email is at your own risk that records may be seen by unauthorized persons. By selecting the box for email delivery, you consent to the use of email and understand the risk of inadvertent disclosure of your child's education records to other persons.</small>

Requests may take up to 10 business days in most circumstances to process. If request is completed at the district office or attending school, if currently enrolled, the requester will be required to show photo ID. If the request is mailed, emailed or faxed, a copy of photo ID must be included.

### Student Records Request Forms may be submitted by:

Drop-off: 3205 S. Rural Rd., Tempe, AZ 85282, 7:30 a.m. to 4:30 p.m., Monday to Friday, or at the attending school, if currently enrolled.  
 Email: studentrecords@tempeschools.org  
 Mail: Student Records, P.O. Box 27708, Tempe, AZ 85285  
 Fax: 480-730-7432

### THIS SECTION FOR OFFICE USE ONLY

Date Received _____	By _____	<input type="checkbox"/> Copy of ID Attached
Date Completed _____	By _____	<input type="checkbox"/> Called for Pick up <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Faxed
TD3 Student ID# _____	Date Scanned _____	