



San Juan Unified School District

SPECIAL EDUCATION DEPARTMENT

RECORDS REQUEST TRACKING FORM

Student Name: _____ Birth Date: _____ Student ID # _____

Date records requested: _____

Name of person(s) requesting records: _____ Relationship to student: _____

Address: _____
Street City Zip Code

Home Phone: _____ Cell Phone: _____ Alternative Phone: _____

Special Education records requested: (Please specify)

Date records received by requestor(s): _____

Signature: _____ Date: _____

District Use Only

Date Special Education Office informed requestor(s) the records are ready to be picked up: _____

Date records mailed to requestor(s): _____

Type of records provided: _____

Photo Identification attached (i.e. Drivers License)