



IEP Records – Parent/Student Request

Student Information:

Student Name _____ DOB _____
School Attended _____ Dates of Attendance _____
Person Requesting _____ Relationship to Student _____

Individual Education Plan (IEP) Records Requested: (Please check the records you would like below)

_____ Most recent Annual Review
_____ Most recent Triennial Review (Eligibility Determination & Evaluation Report)
_____ Other: _____

Please indicate the method you would like to receive the records:

_____ Mail	_____ Fax	_____ Pick Up In-Person
<i>Mailing Address:</i>	<i>Fax Attention:</i>	<i>Phone Number:</i>
_____	_____	_____
_____	<i>Fax Number:</i>	
_____	_____	

NOTE: We will call the requestor when the records are ready to be picked up.

If you require any further information please contact:

April Andrescavage
Special Education Records Manager
April.andrescavage@summitk12.org
(970) 368-1032

Thank you,

Special Education Department
Summit School District Re-1

For Office Use Only:

Please Date & Initial

_____ Faxed
_____ Mailed
_____ In-Person to: _____