HAPPY VALLEY ELEMENTARY SCHOOL DISTRICT

STUDENT RECORDS REQUEST

Please return form to School Site Secretary

Authorized persons shall submit a request to the custodian of records to inspect, review or obtain copies of student records. You will be contacted within five business days following the date of request to schedule a time to view the records. **Please note: A photo ID is required for all records requests. The District charges ten cents per copy. When available, electronic records can be delivered via e-mail, free of charge.**

Student's First Name | Middle Name | Last Name | Date of Birth

Name of School Last Attended | Last Date Attended (Estimated)

Records Requested By (Full Name): | Phone Number: | E-mail Address:

Requestor's Authority to Review Said Students Records (Please choose one):

- ◯ Self, I am over 18 years old.
- ◯ Self, I am a student under the age of 18 attending a postsecondary institution.
- ◯ Parent/Guardian of student who is younger than 18 years old (includes non-custodial parents).

I hereby authorize Happy Valley Union Elementary School District to release all education, medical, social and/or psychological information that has been made a part of the school records regarding the student listed above. I further release HVUESD from all liability and claims pertaining to disclosure of the information requested.

Signature of Requestor:

I prefer:

- ◯ Hard Copies ($0.10 each)
- ◯ E-mail Delivery (free of charge)

HVESD Office Use Only:

Received by: | Date Received:

Verification of ID:
- ◯ Yes
- ◯ No

Date Completed: