Student Record Request Form

Complete this form to request a copy of student records from Evergreen School District. Forms may be submitted to the identified school site(s) or enrollment@eesd.org. Records will be ready for pick-up at the District Office, 3188 Quimby Road, San Jose, CA 95148, or the requested school site within 5 school days of receiving the request. If you are unable to pick up your form in person, please call (408) 270-6800.

1. Student's First Name: _____

2. Student's Last Name while enrolled: _____

3. Student's Date of Birth (mm/dd/yyyy): _____

4. Last year of enrollment in Evergreen School District: _____

5. Which schools did your child attend, or which schools did you attend (if requesting your own records), in the Evergreen School District? Check all that apply.

☐	Cadwallader Elementary School	☐	Holly Oak Elementary School	☐	Montgomery Elementary School
☐	Carolyn Clark Elementary School	☐	James F. Smith Elementary	☐	Norwood Creek Elementary School
☐	Cedar Grove Elementary School	☐	Katherine R. Smith Elementary	☐	O.B. Whaley Elementary School
☐	Chaboya Middle School	☐	Laurelwood Elementary School	☐	Quimby Oak Middle School
☐	Dove Hill Elementary School	☐	LeyVa Middle School	☐	Silver Oak Elementary School
☐	Evergreen Elementary School	☐	Millbrook Elementary School	☐	Tom Matsumoto Elementary School

6. Records being requested:

- ☐ Academic
- ☐ Attendance
- ☐ Behavior
- ☐ Enrollment Verification
- ☐ Report Cards
- ☐ Middle School Transcript
- ☐ Other: _____
  _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I have the legal authority to request this information for the student above.

Requested by:	**Relationship:**	**Phone:**
Address:	**City, State:**	**Zip:**

I, _____, am 18 years of age or older and authorize the Evergreen School District to release my available student records with the parent/guardian listed below. This authorization permits the parent/guardian to request, receive, and discuss my educational records maintained by the Evergreen School District. I understand that I may revoke this authorization at any time by submitting a written request to the Evergreen School District.

Parent/Guardian Name:_____ **Parent/Guardian Contact:**_____

Proof of Notary ***(required if verification of identification is not provided in person)***

For Office Use Only

Address Verification: YES/NO **Identification Verification: YES/NO** **Staff Initials:**_____ **Date:**_____

Rev. 3/2026