TREUTLEN COUNTY SCHOOLS

7892 GA Highway 29 ● Soperton, Georgia 30457

Special Education Records Request Form

(For former students requesting IEPs, Evaluations, or other Special Education documentation)

———— STUDENT INFORMATION ————

Complete Name on School Records (Maiden Name): _____

Present Name (if different from above): _____

Date Of Birth: _____/_____/_____ SS#: xxx - xx - _____ (last 4 digits only)

Last Treutlen County School attended: _____

Year of Graduation/Withdrawal: _____

Name of Parent/Guardian listed on School Records: _____

———— CONTACT INFORMATION ————

Telephone Number(s): _____

Home Address: _____

———— RECORDS REQUESTED ————

(Please check all that apply)

[ ] Most Recent Individualized Education Program (IEP)

[ ] Most Recent Psychoeducational Evaluation / Eligibility Report

[ ] Full Special Education File

[ ] Other (Please specify): _____

———— DELIVERY METHOD ————

(To be completed by individual or parent/guardian)

[ ] I would like my official Special Education Records sent securely to the following:

Agency/Institution Name: _____

Address: _____

Attn: _____

[ ] I would like to pick up a copy of my Special Education Records. Please call me at the number above when the records are ready.

The mission of Treutlen County Schools is to empower students to strive for academic excellence, to graduate from high school and to become successful life-long learners prepared for the world of work.

—---------- IMPORTANT NOTICES & IDENTITY VERIFICATION —----------

- **Identity Verification:** Due to the highly sensitive and confidential nature of Special Education records, **a valid Photo ID is strictly required to verify your identity before any records can be released or picked up.**
- Please allow THREE (3) business days for the records request to be processed.
- If you are over the age of 18, you must request your own records unless you have provided legal documentation (such as guardianship or power of attorney) allowing another individual to access them.

_____ _____

Signature of Individual (or Parent/Guardian if Individual is under 18) **Date**

---------- FOR OFFICE USE ONLY----------

ID Verified By (Initials): _____ Type of ID Provided: _____

[ ] Records were mailed to the above address Date: _____ By: _____

[ ] Records were released to (Print Name): _____

Released By (Signature): _____ Date: _____ Time: _____