

UPPER ST. CLAIR SCHOOL DISTRICT
FORMER STUDENT REQUEST FOR SPECIAL EDUCATION, GIFTED OR SERVICE AGREEMENT RECORDS

Note: Records for former students are available for six years following the student's last year enrolled in Upper St. Clair. Records not requested within this timeframe are destroyed.

NAME: _____ **DATE OF BIRTH:** _____

YEAR OF GRADUATION: _____

ADDRESS WHEN ATTENDING UPPER ST. CLAIR SCHOOL DISTRICT:

CURRENT EMAIL ADDRESS: _____

CURRENT PHONE NUMBER: _____

Please send me a copy of my records which include (please check box(es) for 1, 2 OR 3. Indicate any other information requested under Other):

1. ☐ Most Recent IEP (School Age Individualized Education Plan) ☐ Most Recent Reevaluation Report
2. ☐ Most Recent GIEP (Gifted Individualized Education Plan) ☐ Most Recent Gifted Written Report
3. ☐ Most Recent Service Agreement
4. ☐ Other _____

Student's Signature

Date

SEND A COPY OF THIS COMPLETED FORM AND A COPY OF YOUR PHOTO ID BY EITHER:

Fax it to: 412-851-2860

Email it to: studentservices@uscscd.k12.pa.us

Mail it to: Upper St. Clair School District

Attention: Student Support Services
1775 McLaughlin Run Rd.
Upper St. Clair PA 15241

If you have any questions, please call Student Support Services Department at 412-833-1600 ext. 2116

INTERNAL USE ONLY

INITIAL: _____ DATE RECEIVED: _____ DATE PROVIDED: _____ PHOTO ID: _____