# Student Records Request Form

**SECTION 1 - Requester Information**

Name of Requester:

Relationship to Student: ☐ Parent/Guardian ☐ Student (18 or older)
☐ Authorized Agency Representative (attach documentation)

Phone Number:

Email Address:

**SECTION 2 - Student Information**

Student's Full Legal Name (while enrolled):

Date of Birth:

School(s) Attended in District:

Last Year of Attendance/Graduation Year:

**SECTION 3 - Records Requested**

General Education Records:

- ☐ Report Cards
- ☐ Transcripts
- ☐ Attendance
- ☐ Discipline
- ☐ Test Scores
- ☐ Immunizations

Special Education Records:

- ☐ IEP
- ☐ MET
- ☐ Eligibility
- ☐ 504 Plan
- ☐ Service Records

Other:

**SECTION 4 - Delivery Method**

- ☐ Email (valid email required)
- ☐ U.S. Mail (complete mailing address below)
- ☐ Pick up in person at District Office

Mailing Address (if applicable):

**SECTION 5 - Identity Verification**

Photo ID is required

☐ I will upload/attach a scanned copy of my ID with this form

☐ I will present ID when picking up records in person

**SECTION 8 - AUthorization**

I certify that I am legally authorized to request these student records and that the information provided is true and accurate. I understand that records will be provided within 10 business days in accordance with ARS 15-828 and federal law.

Signature: Date:

**District Use Only**

Date Received:

Date Completed:

Processed By:

Method of Delivery:

**Contact Information**

Contact information for student records requests can be found at www.musd20.org/students/records

For Special Education Records Questions, contact:

Email: ESSrecords@musd20.org

Phone: 520-568-5100 ext. 1057