

SS/SE-75 (11/22)

REQUEST FOR STUDENT RECORDS

Student Information		Date:		
Last	First	Middle	Date of Birth	
Name of last school atten	ded:			
requesting that you pleaseAcademicDisciplineHealthLegal	nas enrolled at a school within e mail, fax, or email the follow vices (ELP/WIDA scores)	•	± •	
504 Qualification504 PlanCurrent IEPCurrent special edu	entified as a student with a disc acation eligibility tions (psychological, education			
Request sent by:		Phone:		
Parent/Guardian	n or School Official Signature		Date	
Parental permission is no	t required when records are rec	quested by authorized school	personnel.	
privacy of student education re	s and Privacy Act (FERPA) (20 U.S. ecords. However, FERPA allows sci conditions (34 CFR § 99.31): Other	hools to disclose those records, with	hout consent, to the following	
Please send to:				
Eov.				