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**Special Education & Related Services**

**Request for Permanent Records**

Student’s Name

Birth Date

Grade

Student’s Current School

Address

Phone       Fax

***Please release the records and reports checked for the above named student:***

Special Education Records

Psychological Reports

Speech & Language Reports

Physical & Occupational Therapy Reports

Other:

***Please***  ***mail***  ***email requested records to:***

School:

Name:

Address:

City, State, & Zip:

Date of Request:

The Family Educational Rights and Privacy Act (FERPA 99.31) states that the written consent of the parent/guardian is not required to release educational records to officials of other schools or school systems in which the student seeks or intends to enroll.

10/18