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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