



Every Student, Every Day, Prepared to Shape Tomorrow

District Administration Center
6330 W. Thunderbird Rd.
Glendale, AZ 85306
623-486-6057 (phone) 623-486-6090 (fax)

Parent/Adult Student Request for Records

(Individuals over age 18 must sign for their records unless Letters of Guardianship presented)

Student Name *Date of Birth* *Service School*

Confidential Information Requested By:

Name of Authorized Individual *Relationship to Student*

I request the release of special education records that have been made part of the confidential records for the above-named student. I understand that this information will be used in a confidential and professional manner and in the best interest of the student, and that all information will be maintained in accordance with the *Family Educational Rights and Privacy Act*. I understand that my request is voluntary and may be revoked in writing at any time.

Note: Special education records are held for five years after a student exits the school district. Public notice is provided prior to the shredding of special education documents.

Authorized Signature *Date*

I request that the records be given to me by:

Fax Email Pick up

Primary Phone Number *Fax Number* *Email*

Official Use Only:

Comments:

Identification Verified: _____
Initials

For pick up, preferred date/time: _____