
Parent's/Caregiver's Name

Address

Date

City, State, Zip Code

School Name

School Address

City, State, Zip Code

Dear _____ :
Child Study Team Member

I am the parent/guardian of _____, born on _____. My
Name of Child Date of Birth

child is in the _____ grade at _____.
Child's Grade Name of School

I am writing to request a copy of my child's school records. I understand that under the law I am authorized to review any and all of my child's records. This includes any and all of his/her academic records, including, but not limited to, the entire pupil file of my child, evaluations, Individualized Education Programs, discipline records, report cards, child study team recommendations, correspondence, anecdotal records and any other documents regarding my child's special education services or needs. I also understand all records are required to be provided to me within 10 days of my request. Please feel free to contact me at _____ to let me know when I can expect to receive my child's records. Phone Number

Thank you for your time and assistance in my child's education.

Very truly yours,

Parent's/Caregiver's Name

Dear _____:

I am the parent of _____, born on _____.

_____ is in the _____ grade at _____.

I am writing to request a copy of my child's school records. I understand that under the law I am authorized to review any and all of my child's records. This includes any and all of his/her academic records, including, but not limited to, the entire pupil file of my child, evaluations, Individualized Education Programs, discipline records, report cards, child study team recommendations, correspondence, anecdotal records and any other documents regarding my child's special education services or needs. I also understand all records are required to be provided to me within 10 days of my request.

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