Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Records Clerk,

I am hereby requesting a copy of any and all general and special education records for the above mentioned child. I am requesting all records, including, but not limited to the following:

1. All Health Records
2. All Cumulative Records (including attendance, progress reports, report cards and transcripts)
3. All Disciplinary Records
4. All Star testing, Stanford 9 Scores and CAT – 6 Scores
5. All Correspondence (e.g., inter-office notes, memos, letters, etc.)

*And if applicable:*

1. All Special Education (e.g. psychological, educational, speech, OT, PT, etc.)
2. All Testing Protocols
3. All Individualized Education Programs

Please note that I am the education rights holder (“ERH”) for this child. Please waive all fees associated with the duplication of these records, as such fees would effectively deny me access to these records. Please provide a physical copy of all records to the address below. I understand that by law, these records should be provided to me in 5 working days. 17 CCR § 52164(b); Educ. Code §§ 49069, 56504. Thank you for your attention to this matter. If you have any questions do not hesitate to contact me at your earliest convenience.

ERH Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ERH Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ERH Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ERH Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_