

Parent/Guardian
Address
City, State Zip
Telephone Number

Date

Administrator
School of Residence/School of Attendance
Address
City, State Zip
Re: Request for Records for Student's Name (date of birth)

To whom it may concern:

My child receives special education and related services under the eligibility of _____. S/he is in the _____ grade. S/he is attending the _____ school, in this school district.

I/we request that all records from all locations within the District be provided for my/our review. These records include, but are not limited to: special education records, including but not limited to IEPs, assessments and therapy logs or notes, cumulative records, academic records, attendance records, transportation records, disciplinary records, mental health/medical records, correspondence between and to and from staff, administrators and parents, including emails, as well as any confidential records.

These records must be made available to me/us within five (5) calendar days (Cal. Educ. Code §56504). I/we need copies of these records in order to obtain a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE) for my/our child/ward. Please waive all fees associated with duplication of these records, as such fees would prevent me/us from exercising my/our parental rights.

Please notify me within 5 days when these requested copies are available for me to pick up.

Thank you for your cooperation.

Very truly yours,

/s/

Parent/Guardian