



SAN JACINTO UNIFIED SCHOOL DISTRICT

STUDENT RECORDS REQUEST FORM

PLEASE NOTE Your request will be processed within 5 business days from the date of your request.
Ref: Ed Code § 49069

STUDENT NAME				DOB	
SCHOOL				SCHOOL YEAR(S) REQUESTED	
NAME OF PERSON REQUESTING RECORDS				PHONE	
RELATIONSHIP TO STUDENT	<input type="checkbox"/> Parent o Father o Mother	<input type="checkbox"/> Guardian <input type="checkbox"/> Care Taker <input type="checkbox"/> Foster Parent	<input type="checkbox"/> Educational Rights Holder <input type="checkbox"/> <i>Other:</i>	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> DPSS <input type="checkbox"/> CPS	Agency ID: Do NOT Photocopy Business Card Provided o Matches ID o Attach to this Request
IDENTIFICATION	TYPE OF ID:			Name:	
	ID NUMBER / INFO:			Agency:	
				Position:	
QUESTIONS	Does this student have a Section 504 Plan?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does this student have an IEP for Special Education Services?				<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORDS REQUESTED	<input type="checkbox"/> ATTENDANCE <input type="checkbox"/> DISCIPLINE <input type="checkbox"/> ENROLLMENT HISTORY <input type="checkbox"/> FACE SHEET <input type="checkbox"/> GRADES <input type="checkbox"/> IMMUNIZATIONS <input type="checkbox"/> TRANSCRIPT (UNOFFICIAL)		<input type="checkbox"/> <u>Special Education Records</u> (Send to SPED Department for Processing) ★Specify documents requested: <input type="checkbox"/> OTHER:		
SIGNATURE					

BELOW: OFFICE USE ONLY

DATE RECEIVED		RECORDS REQUEST DEADLINE (5 Days)		
RECEIVED BY (Printed Name)		CUM CHECK (Legal Docs)	<input type="checkbox"/> NOTES	
INTAKE (School/Department)		ID VERIFICATION Parent/Guardian/Foster/Care Giver/Ed Rights/Holder	<input type="checkbox"/> Photocopy of ID <input type="checkbox"/> ID Should Match Aeries <input type="checkbox"/> CUM Check for Legal Docs: o Foster o Caregiver o Custody o Ed Rights Granted / Terminated	
SPED DEPT NOTIFICATION DATE (Christy Bush / cbush@sanjacinto.k12.ca.us)		ID VERIFICATION Law Enforcement / DPSS / CPS	<input type="checkbox"/> Agency ID: Do NOT Photocopy <input type="checkbox"/> Business Card Provided - Matches ID Card: Put in Binder Copy: Attach to Request	
NOTIFICATION OF FULFILLMENT	Date:	Who:	PICK-UP SIGNATURE	
	Time:	Method:		
NOTES		SENT	<input type="checkbox"/> USPS <input type="checkbox"/> E-Mail <input type="checkbox"/> FAX	SENT TO
				DATE