LOS ANGELES UNIFIED SCHOOL DISTRICT DIVISION OF SPECIAL EDUCATION

Custodian of Records District-Operated Schools and Charter Operated Schools Division of Special Education Special Education Services Center, Operations 333 S. Beaudry Ave., 18th Floor (213) 241-2417(fax)

REQUEST FOR EDUCATIONALLY RELATED RECORDS FOR STUDENTS WITH OR SUSPECTED OF HAVING DISABILITIES

Dear Parent:

Please use this form to request educationally related records for your child who has a disability or is suspected of having a disability. Once it is completed and signed, please submit to the address or fax listed above.

In this box, please indicate the type of educationally related records you would like to have provided to you.												
Time Period Requested From: To: Individualized Education Plan (IEP) Date Description Date Cumulative Records Image: Construction of the second se												
All Information should be clearly printed or typed. Thank you. Student First Middle												
Student Last Name				Name						Initial		
Does the student have a IEP?	oes the student have a current <u>CP?</u> Yes No			M 🛛 F	Date of Birth					Grade		
Student Current School of Attendance				City						Zip		
Is this a Charter School?	□ Yes □ No			School Phone Number								
Name of Parent (Print)				Signature of Parent		Date						
Contact Phone				Contact Cell			Email					
Forward records to the attention of:												
Name of Person												
Address					City				Zip			
For Office Use Only:												
Date Request Received												
Name of Person Processing Records						Date Records Sent						
copies of any pup	il record; p (2) up to t	ol district may make rovided, however, th wo verifications of v	at no	o charge s	hall be	made for	furnishing	(1) up	to two	transcrip	ts of former	

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