

Name of Parent
Address
City, State, Zip
Telephone Number
Email

Date:

Attention:
Name of School
Address
City, State, Zip
Telephone Number

RE: CHILD'S NAME (DATE OF BIRTH)

Dear: Mr./ Mrs./ Ms.

Please send me a copy of my son/daughter's (name) complete educational record. I would like copies of all documents containing my child's personally identifiable information that are in the possession or control of the school district, including but not limited to:

- Cumulative file
- Confidential file
- General education teacher file
- Nurse's records
- All assessments, including district-wide assessments, standardized assessments, and all others
- All notes from observation of my son / daughter (name)
- All discipline records with detailed description of incidents
- All other incident reports
- All e-mail, letters and written communication related to my child.

Please send this to me as soon as possible and no later than ten school days from the date of this letter. Thank you for assistance.

Sincerely,

(Parent Signature)