

Date: _____

Name of School: _____

Address: _____

RE: Child's Name: _____

DOB: _____

Dear Records Clerk,

I am hereby requesting a copy of any and all general education and/or special education records, including all medical records contained within these files, (see 17 CCR §52164(a); Educ. Code § 56504) for the above referenced child. Please note that I am the education rights holder 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 and/or this child is in the foster care system and paying a fee for copying costs would be prohibitive. 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 no more than 5 working days. 17 CCR § 52164(b); Educ. Code § 56504. Thank you for your attention to this matter. If you have any questions do not hesitate to contact me at your earliest convenience.

Signature: _____

Name: _____

Address: _____

Phone Number: _____