REQUEST FOR RELEASE OF RECORDS

(Note: To be used when a parent/guardian is requesting a copy of their student's records.)

Requested By: _____ ☐ Parent/Guardian ☐ Other: _____

Requested From: _____ Date of Request: _____

Phone #: _____ Email: _____

Student Name	Date of Birth	Grade

Information requested:

- ☐ Academic (grades, transcript, record of extracurricular activities)
- ☐ Attendance
- ☐ Assessment results: cognitive, academic, social/behavioral, speech, OT/PT, etc.
- ☐ District and state assessment results
- ☐ School discipline
- ☐ Medical/Immunizations, including vision/hearing
- ☐ IEP and/or 504 Records
- ☐ Intervention Summaries/Progress Reports
- ☐ Treatment Plan related to school-based mental health services
- ☐ Other:_____

(To be completed if requested by parent/guardian)

_____ _____

Signature of Parent/Legal Guardian at Age of Majority Date

In accordance with the Family Educational Rights and Privacy Act (FERPA), Weber School District is allowed up to 45 days to respond to this request. Non-custodial parents have a right to access their child's records, unless a court order restricting release of records is in effect. Please provide picture identification and some or all of the following: Child's Birth Certificate and/or Divorce Decree.