



Request for Student Records
(Active student)

Name of Student: _____ Student ID#: _____ Date: _____

Name of Requestor: _____ Relationship to Student: Self
Parent/Guardian

Student's current school: _____

I am requesting one copy of student records for my personal use. Specifically:

(Description of record(s) that you are requesting)

Report Cards/Transcripts

Attendance File records Introduction

Discipline File records

Health File records

504 records

Assessment scores

Note:

Please note: All Special Education Records are available from the Special Services Department, 214 W Main Ave, Puyallup WA 98371. PH: 253-841-8700

We request up to 48 hours to prepare these records for you. There is no cost for first set of copies, up to 25 pages. Additional sets, or over 25 pages, are \$.15 per page, payable upon receipt of copies.

My signature certifies that this request was completed by me, and that all entries and information on this form are true to the best of my knowledge.

(Signature of requestor)

Required: Please provide photo ID.

Required: Contact number: _____

Your copies will be available after (time/date): _____

For Office Use Only

Delivered on _____
Prepared by _____
Cost _____