

SANTA CLARA COUNTY  
NORTH WEST SPECIAL EDUCATION LOCAL PLAN AREA

**SAMPLE FORMS AND LETTERS**

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## PARENT REQUEST FOR ACCESS TO PUPIL RECORDS APPENDIX D-1

We/I, the parent(s) of \_\_\_\_\_ hereby request to examine and review his/her school records, as provided under Public Law 406, The Individuals with Disabilities Education Act. I understand that I will be contacted within five business days after receipt of this request to schedule an appointment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

~~FOR CURRENT PUPILS, RETURN TO:~~

The Principal of your child's school

FOR FORMER PUPILS, RETURN TO:



# AUTHORIZATION FOR RELEASE OF STUDENT RECORDS APPENDIX D-3

Name of District/Unit/SELPA \_\_\_\_\_

We/I, the parent(s) of \_\_\_\_\_

authorize the release by \_\_\_\_\_

to \_\_\_\_\_ of the information  
described below that is contained in his/her school record.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**To be completed by Requester:**

Description of information requested: \_\_\_\_\_



Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Return to: \_\_\_\_\_

Name of Requester \_\_\_\_\_

**SAMPLE COVER LETTER FOR  
AUTHORIZATION FOR RELEASE OF STUDENT RECORDS  
APPENDIX D-4**

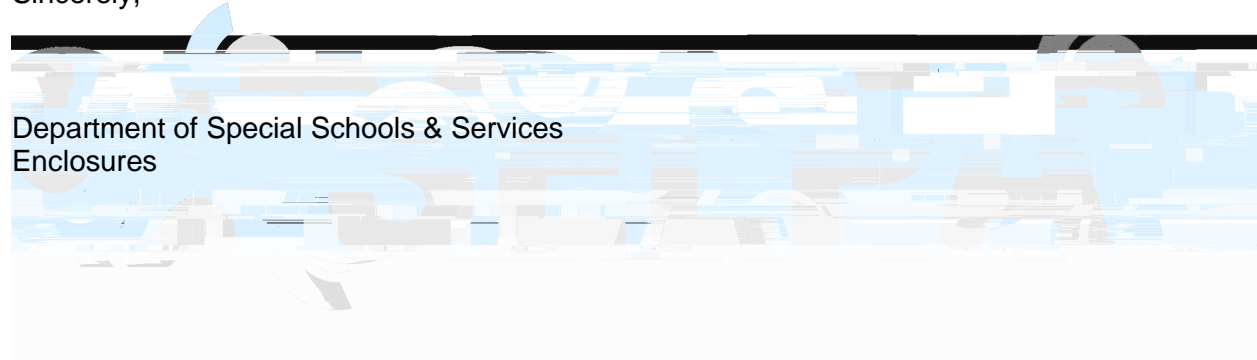
Dear \_\_\_\_\_:

Your request for information concerning the student named above was recently received by this office. Provisions of state and federal laws require that an authorization for release of student records accompany your request.

A copy of this release form has been enclosed for your convenience. Please submit your written request and the completed release form to the undersigned for prompt processing.

Your cooperation is appreciated.

Sincerely,



Department of Special Schools & Services  
Enclosures

SAMPLE COVER LETTER WHEN SENDING STUDENT  
RECORDS  
APPENDIX D-5

Re: \_\_\_\_\_ Date \_\_\_\_\_

Dear \_\_\_\_\_:

Enclosed is the information you requested concerning the student named above. The transmission of this information to others without the written consent of the parent/guardian is prohibited.

Sincerely,



Enclosure


## SAMPLE PARENT LETTER REGARDING INTELLIGENCE TEST INFORMATION APPENDIX D-6

Dear Parent/Guardian:

Public schools have been instructed to seal existing educational records containing intelligence scores and/or references to information from intelligence tests of African American special education students. This action is based upon a court decision which prohibits the use of intelligence tests for African American students for any purpose related to special education. A copy of your child's sealed records will be provided to you upon request.

Please feel free to contact this office if you have any questions.

Sincerely,



cc: Special Education Record  
Cumulative Record

