

MERRILL M. GRANT, ED. D.
SUPERINTENDENT

RECORDS REQUEST

NAME OF REQUESTOR: _____
(Please print)

CONTACT PHONE: _____

LEGAL RELATIONSHIP TO STUDENT: _____

IDENTIFICATION: _____
(Driver's License Number, Birth Certificate, Other ID)

****Please attach/include photo copy of ID*

I HEREBY REQUEST THE FOLLOWING RECORDS:

TO BE MAILED TO THE FOLLOWING:

FOR THE PURPOSE OF: _____

FROM THE STUDENT FILES OF: _____
(Name of Student)

DATE OF BIRTH: _____

SCHOOL ATTENDED: _____

YEAR GRADUATED OR LAST ATTENDED: _____

I hereby swear, under penalty of perjury, that I have full legal authority to acquire the records of the above student.

Any person, agency, or organization granted access is prohibited from releasing information to another person, agency, or organization without written permission from the parent/guardian or adult student unless specifically allowed by state law or the federal Family Educational Rights and Privacy Act. (Education Code 49076)

(Date)

(Signature)

Please return this form to:

P.O. Box 955 • 109 Beckwith Road • Loyalton, CA 96118 • (530) 993-1660 • FAX (530) 993-0828