

Request for Records

Jane Parent
123 Any Street
Any town, MO 54321
(987)654-3210

Month 11, 2001

Dr. Betsy Boss, Principal
Your school
School address
City, State Zip Code

Reference: Your child's name
DOB:
School: (school name)

Dear Dr. Boss:

Please send me a complete copy of my child's entire cumulative and confidential educational records, including medical records, special education records, formal and informal correspondence, discipline records, tests, evaluations, and teacher-to-teacher notes. If there is a cost and policy about photocopies, please let me know immediately.

If you have any questions about my request, please call me at work (555-4321) or home (555-1234) after 6 p.m. I appreciate your help and quick response.

Sincerely,

Jane Parent