

REQUEST FOR EXCEPTIONAL STUDENT EDUCATION RECORDS

This form should be used to request ESE records for current and inactive DPSCD Students.

Dear Parent:

Please use this form to request ESE records for your child who has an IEP. Once it is completed and signed, please submit to the address listed above.

Please check one of the boxes below to indicate the type of educationally related records you are requesting.

Individualized Education Plan (IEP)

Psychoeducational Evaluation

Cumulative Records (CA 60)

Other, Specify:

All information should be clearly printed or typed. Thank you.

Student Last Name	Student First Name	Middle Initial	Date of Birth (Month/Day/Year)	Current Grade
Does the student have a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Current School of Attendance:		Student Previous School of Attendance:	
Name of Parent		Signature of Parent		Date
Parent Contact Phone Number		Parent Email Address		
Forward Records To The Attention Of:				
Name of Person				
Address			City	Zip
For Office Use Only				
Date Request Received			Date Request/Records Sent	

Student Rise. We all Rise

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