

Notes (Office Use Only):

Early Learning Services Department
Parent Request to Access Student Records

Center Name:	
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ACKNOWLEDGEMENT OF LEGAL AUTHORITY AND RIGHTS

I, the parent/legal guardian, of _____
Print Child's Name Birthdate

certify that I have the legal authority under FERPA and IDEA (20 U.S.C. II §1415) to inspect and review the student records for the child named above. I fully acknowledge that my request cannot be granted without having the legal authority and/or educational rights.

- I understand I have the right to request and receive an interpretation and explanation of the documents received.
- In the event inaccurate information is found, I have the right to request Early Learning Services to review such findings.

Parent/Guardian's Signature Parent/Guardian's Printed Name Date

REQUEST FOR STUDENT RECORDS

I the parent/legal guardian of _____
Print Child's Name Birthdate

hereby request the following student records for the child named above, as provided by the California Education Code (EC §49075): *(Please check all that apply)*

- Student Records:** *(Please specify)* _____
- Enrollment Verification**
- Attendance Records**
- Other:** _____

The above information is requested via:		
<input type="checkbox"/> Pick up in Person at Site	<input type="checkbox"/> Pick up in Person at Central Office	<input type="checkbox"/> US Mail

Contact Information:

Home Phone Number Cellular Phone Number E-mail
 Address: _____

Parent/Guardian's Signature Parent/Guardian's Printed Name Date

OFFICE USE ONLY

Child CPID	Staff Signature/Date Verification of Authorization (FSS/ERSEA)	Staff Signature/Date Approval of Request (Manager, Quality Assurance)	Staff Signature/Date Ready for Mail/Pick Up