

Glendale Elementary School District #40 Parent Request for Records

I, _____, wish to request records for the following student.
(Please Print Name)

_____ Date of Birth
Full Legal Student Name

_____ Last date/year attended
School Student Attended

_____ Promoted from 8th Grade?
Last grade attended

I am requesting the following records:

___ Report Card(s) ___ Attendance ___ Birth Certificate ___ Immunizations
___ Test Scores ___ Other: _____

I understand I will be contacted by phone call as to when I may return to pick up these records.

My phone number is _____.

I do hereby acknowledge that I have a legal right to request and receive these records. I understand that I am required to provide a valid photo I.D. I understand that if I am not the birth parent I must provide current and valid proof of custody for the child for whom I am requesting records. I understand that I will be required to sign for all records once they are copied and presented to me. I understand that a request records will be processed within five business days of receipt.

_____ Date
Parent/Guardian Signature

For Office Only: Date request received: _____ Copy of photo I.D.: Yes or No
Request received by: _____ (print name)

Date parent/guardian received records: _____

Parent/Guardian signature: _____