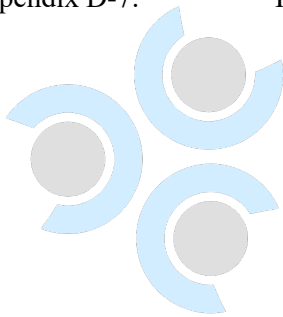


**SANTA CLARA COUNTY
NORTH WEST SPECIAL EDUCATION LOCAL PLAN AREA**

SAMPLE FORMS AND LETTERS

- Appendix D-1: Parent Request for Access to Pupil Records
- Appendix D-2: Parent Access Request Log
- Appendix D-3: Authorization for Release of Student Records
- Appendix D-4: Sample Cover Letter for Authorization for Release of Student Records
- Appendix D-5: Sample Cover Letter When Sending Student Records
- Appendix D-6: Sample Parent Letter Regarding Intelligence Test Information
- Appendix D-7: Proof of Service by Mail



SELPA

PARENT REQUEST FOR ACCESS TO PUPIL RECORDS APPENDIX D-1

We/I, the parent(s) of _____ hereby request to examine and review his/her school records, as provided under Public Law 101-476, The Individuals with Disabilities Education Act. I understand that I will be contacted within five business days after receipt of this request to schedule an appointment.

Parent/Guardian Signature

Date

Parent/Guardian Signature

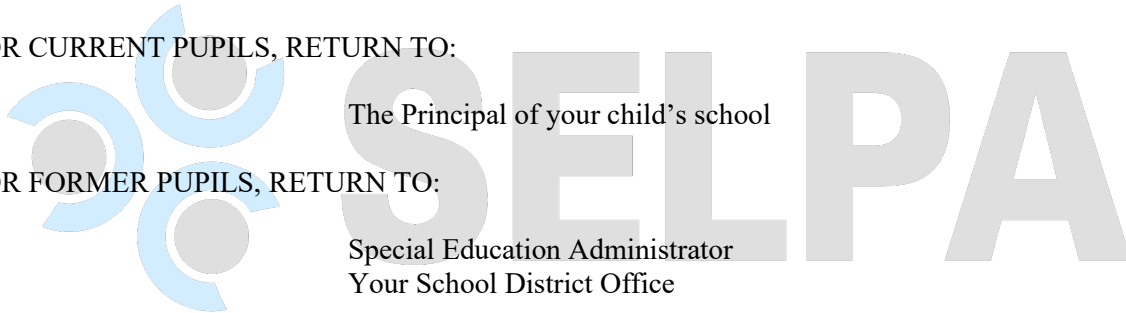
Date

FOR CURRENT PUPILS, RETURN TO:

The Principal of your child's school

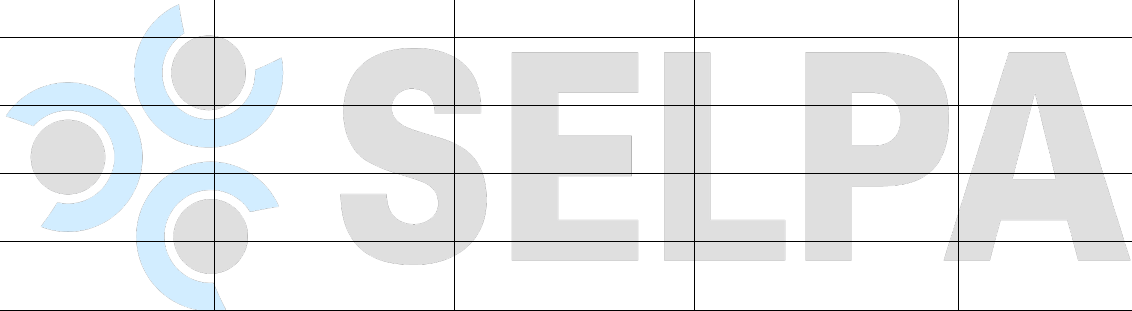
FOR FORMER PUPILS, RETURN TO:

Special Education Administrator
Your School District Office



PARENT ACCESS REQUEST LOG
APPENDIX D-2

DATE REC'D	PUPIL	PROGRAM	APPT. DATE	REVIEWER



AUTHORIZATION FOR RELEASE OF STUDENT RECORDS APPENDIX D-3

Name of District/Unit/SELPA _____

We/I, the parent(s) of _____

authorize the release by _____

to _____ of the information
described below that is contained in his/her school record.

Parent/Guardian Signature

Date

To be completed by Requester:

Description of information requested: _____

Student's Name _____ Birthdate _____

Name of School _____

Parent/Guardian _____

Address _____

Phone _____

Return to: _____

Name of Requester
Position of Requester

Address _____

Purpose of request: _____

If records are disclosed to me, I understand that I may not disclose the information to any other party without prior written parental/guardian consent.

Requester Signature: _____ Date _____

**SAMPLE COVER LETTER FOR
AUTHORIZATION FOR RELEASE OF STUDENT RECORDS
APPENDIX D-4**

Dear _____:

Your request for information concerning the student named above was recently received by this office. Provisions of state and federal laws require that an authorization for release of student records accompany your request.

A copy of this release form has been enclosed for your convenience. Please submit your written request and the completed release form to the undersigned for prompt processing.

Your cooperation is appreciated.

Sincerely,

Department of Special Schools & Services
Enclosures



**SAMPLE COVER LETTER WHEN SENDING STUDENT
RECORDS
APPENDIX D-5**

Re: _____ Date: _____

Dear _____:

Enclosed is the information you requested concerning the student named above. The transmission of this information to others without the written consent of the parent/guardian is prohibited.

Sincerely,



**SAMPLE PARENT LETTER REGARDING INTELLIGENCE
TEST INFORMATION
APPENDIX D-6**

Dear Parent/Guardian:

Public schools have been instructed to seal pre-existing educational records containing intelligence scores and/or references to information from intelligence tests of African-American special education students. This action is based upon a court decision which prohibits the use of intelligence tests for African-American students for any purpose related to special education. A copy of your child's sealed records will be provided to you upon request.

Please feel free to contact this office if you have any questions.

Sincerely,

cc: Special Education Record
Cumulative Record



SELPA

PROOF OF SERVICE BY MAIL APPENDIX D-7

PROOF OF SERVICE BY MAIL

1. I, [Name], am over the age of 18 and **not a party to this cause**. I am a resident of or employed in the county where the mailing took place and my residence or business address is:

2. I served a copy of the following documents:

3. I served a copy of the foregoing documents by mailing them in a sealed envelope with first class postage fully prepaid, to the address stated below, as follows:

- I deposited the envelope with the United States Postal Service.
- I placed the envelope for collection and processing for mailing following this business's ordinary practice with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
- I faxed a copy of the above described document to the following fax number:

- I caused to be hand delivered by messenger.

4. Date of Service: _____

5. Place Mailed From: _____

6. Addressed As Follows: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date