LOS ANGELES UNIFIED SCHOOL DISTRICT DIVISION OF SPECIAL EDUCATION

Custodian of Records

District-Operated Schools and Charter Operated Schools

Division of Special Education

Special Education Services Center, Operations

333 S. Beaudry Ave., 18th Floor

(213) 241-2417(fax)

REQUEST FOR EDUCATIONALLY RELATED RECORDS FOR STUDENTS WITH OR SUSPECTED OF HAVING DISABILITIES

Dear Parent:

Please use this form to request educationally related records for your child who has a disability or is suspected of having a disability. Once it is completed and signed, please submit to the address or fax listed above.

In this box, please i	indicate the type of	educa	tionally re	lated	records	you	would	like to	have	provid	ed to you.
☐Individualized Ed☐Psychoeducationa☐Cumulative Reco☐☐Other, Specify:	al Evaluation	equeste	ed From:	Date		To: _	Date				
All Information sho	uld be clearly printe	ed or t	yped. Thar	ık you							
Student Last Name				Student First Name					_	Middle Initial	
Does the student have a curr IEP?	ent Yes N	м 🗆 ғ	Date of Birth						Grade		
Student Current School of Attendance				City					2	Zip	
Is this a Charter School?	Voc No		School Phone Number								
Name of Parent (Print)			Signature of Parent				Date				
Contact Phone			Contact Cell		J			Email			
Forward records to	the attention of:										
Name of Person											
Address				City						Zip	
For Office Use Only	:										
Date Request Received						•					
Name of Person Processing Records	Any school district may make a reasonable charge in an amo						Date Records Sent				

Ed Code 49065. - Any school district may make a reasonable charge in an amount not to exceed the actual cost of furnishing copies of any pupil record; provided, however, that no charge shall be made for furnishing (1) up to two transcripts of former pupils' records or (2) up to two verifications of various records of former pupils. No charge may be made to search for or to retrieve any pupil record.