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Description automatically generated

Special Education Records Request

This is an official request for a copy of a Special Education student record. The information contained in this request should be considered private. **Please complete the form in full and return by fax or email along with a copy of a valid identification.**

Special Education Records Clerk II

Murrieta Valley USD

Fax: (951) 304-1528

[dellegard@murrieta.k12.ca.us](file:///C:\Users\arivera-dalton\Downloads\dellegard@murrieta.k12.ca.us)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s birthdate: \_\_\_/\_\_\_\_/\_\_\_\_

The purpose for this request is to obtain the following documents:

\_\_\_\_ Psychological Evaluation

\_\_\_\_ Individualized Education Plan (I.E.P.)

\_\_\_\_ Speech Therapy, Occupational Therapy, Physical Therapy or Behavioral reports

\_\_\_\_ Eligibility Determination

\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Student over 18

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you prefer we send you the requested documents? Email / Mail / Pick-Up