

# CALCASIEU PARISH SCHOOL SYSTEM

## REQUEST FOR STUDENT RECORDS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
School or School District

\_\_\_\_\_  
Address

RE: \_\_\_\_\_

Dear \_\_\_\_\_:

\_\_\_\_\_ born on \_\_\_\_/\_\_\_\_/\_\_\_\_ is enrolled in the Calcasieu Parish

School System as a student at \_\_\_\_\_ School in the \_\_\_\_\_ grade. We would appreciate your releasing to the school copies of the following records so that he/she may be properly enrolled and we can better meet his/her educational needs.

- Permanent grade records
- Health and medical records
- Appraisal records for special education

- Test records
- Attendance records
- Transcript
- Other \_\_\_\_\_

(Specify)

It is understood that copies of these records will be transferred to \_\_\_\_\_ School on the condition that no third parties, other than those allowed access under the Family Education Rights and Privacy Act of 1974, will be allowed access without the written consent of the parents or the student if over 18.

Yours truly,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
School

\_\_\_\_\_  
School Address

NOTE: This request must be placed in the student's file and made available only to the parents if the student is under 18 or a dependent student, the student, and the custodian of the record of his/her designated Agent.