

Month, Year

Principal's Name

School Name

Address

RE: Child's Name

DOB: Date of Birth

Dear Principal's Name:

I am requesting a copy of Child's Name records to include: teacher's files, psychological files, regular education files, attendance records, special education records, disciplinary files, and any other files, records, or documents that may be kept pertaining to my Son/Daughter. Please inform me in writing of what types of records/files you maintain on Child's Name and when a copy will be available.

I am also requesting all witness statements and documents presented at any hearings which were considered in pursuing the alleged rule violations for Child's Name included in the disciplinary files. All confidential information regarding other student(s) identities should be redacted on the witness statements.

Please waive any costs associated with this document production pursuant to 34 C.F.R. § 99.11(a) of the Family Educational Rights and Privacy Act (FERPA).

Regards,

Parent

Phone Number