![San Diego Unified School District]

Fulfillment of Student Records Request

Date of Request: _____

Student Name: _____ Date of Birth:_____

Parent/Guardian Name: _____ P/G Phone:_____

Parent/Guardian Address:_____

Student Address if over 18:
_____

Current or Last School of Attendance:
_____

Records provided from _____ to _____

Records made available to parent on _____

Parent Signature: _____ Date: _____

_____

This request was processed by _____on _____
                                           Employee Name   date

File in Student Cumulative File