



HAPPY VALLEY ELEMENTARY SCHOOL DISTRICT

STUDENT RECORDS REQUEST *Please return form to School Site Secretary*

Authorized persons shall submit a request to the custodian of records to inspect, review or obtain copies of student records. You will be contacted within five business days following the date of request to schedule a time to view the records. **Please note: A photo ID is required for all records requests. The District charges ten cents per copy. When available, electronic records can be delivered via e-mail, free of charge.**

Student's First Name	Middle Name	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of School Last Attended	Last Date Attended (Estimated)
<input type="text"/>	<input type="text"/>

Records Requested By (Full Name):	Phone Number:	E-mail Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Requestor's Authority to Review Said Students Records (Please choose one):

- Self, I am over 18 years old.
- Self, I am a student under the age of 18 attending a postsecondary institution.
- Parent/Guardian of student who is younger than 18 years old (includes non-custodial parents).

I hereby authorize Happy Valley Union Elementary School District to release all education, medical, social and/or psychological information that has been made a part of the school records regarding the student listed above. I further release HVUESD from all liability and claims pertaining to disclosure of the information requested.

Signature of Requestor:

I prefer:

- Hard Copies (\$0.10 each)
- E-mail Delivery (free of charge)

HVESD Office Use Only:

Received by:	<input type="text"/>	Date Received:	<input type="text"/>
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Verification of ID:	<input type="radio"/> Yes	Date Completed:	<input type="text"/>
	<input type="radio"/> No		