

REQUEST FOR STUDENT RECORDS

• For Former Students and Parents of Former Students Only

I hereby authorize Orland Unified School District to release all educational, medical, social and/or psychological information that has been made a part of the school records and or special education records regarding the student listed below. I further release OUSD from all liability and claims pertaining to disclosure of the information requested. The educational agency or institution, or SEA or its component, shall comply with a request for access to records within a reasonable period of time, but not more than **45 days** after it has received the request.

Last Name	First Name	MI	Date of Birth
Name of Last School Attended		Last Grade Attended or Completed	
Date graduated or withd	Irawn from OUSD (Do not use this for	m for current students)	
Records Requested by:			
	Self (if over 18)		n
Other (please spe	cify)		
Signature *	Contact Ph	none Number	Date
*Please note: A photo ID is	required for all records requests.		
Records Being Requested:	·		
2 All Records			
© CUM (Cumulative School F			
☑ SPED File (Special Education ☐ Open Special Education ☐ Open Spe	•		
② Only the specific records li			
Please Note: Records are no	t stored within our district so please allo	ow up to a week after your r	equest for them to be delivered
Records should be:			
	Unified School District Office (*A photo	ID must be presented to pic	k up student records)
Pield for pick up @ Orland	Unified School District Office (*A photo	ID must be presented to pic	k up student records)
Held for pick up @ OrlandEmailed* to:		ID must be presented to pic	k up student records)
Held for pick up @ OrlandEmailed* to:	request)	ID must be presented to pic	k up student records)
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