Mississippi Department of Human Services/Division of Youth Services
Request for Educational Records

This form is used to request records from the student's previous school districts or other public/private agencies. A copy is maintained in the student's file.

Facility: _____
Address: _____
_____
Telephone: _____

Date: _____
Student Name: _____
Date of Birth: _____

TO: _____
_____
_____
_____

The above named student has been admitted to the Mississippi Department of Human Services/Division of Youth Services Facility identified above. This student has been identified as having attended your school district and may have received special education services. We will appreciate receiving copies of his/her educational records.

A copy of the following records should be sent to the address above within 5 working days. Parent consent is not required for this release of records by you to our school district. Release of these records without parent consent is authorized by regulations of the Family Educational Rights and Privacy Act (Code of Federal Regulations 99.31).

_____ **Copy of cumulative record including:**
- _____ *Birth certificate*
- _____ *Social security card*
- _____ *Current schedule*
- _____ *Immunization record*
- _____ *Most recent progress report or report card*
- _____ *Vision, hearing, and dental screening report*

_____ **Copy of TST records if student was involved in this process**

_____ **Copy of special education records including:**
- _____ *Current IEP and minutes of meeting*
- _____ *Current Assessment Team Report(s)*
- _____ *Parent consent for evaluation*
- _____ *Parent consent for placement*
- _____ *Parent notice of IEP meeting*
- _____ *Psychological report*
- _____ *Other evaluation reports supporting eligibility/placement*

Please call me if you have any questions or need additional information regarding this request. Thank you for your assistance and cooperation.

_____ (Name) _____ (Position)

Student's Name: _____

Date Request for Records Mailed: _____

Academic school to begin follow-up in 5 school days:

First Telephone Inquiry Date: _____

School Contacted: _____

Person Contacted: _____

Information Given: _____

_____

Date Record Expected: _____

Second Telephone Inquiry Date: _____

School Contacted: _____

Person Contacted: _____

Information Given: _____

_____

Date Record Expected: _____

If record is not received in three weeks from the date of the first request, please contact the MDE Office of Accreditation, (601) 359-3764.

Date Office of Accreditation Notified: _____

Date Record Received: _____

Date/Address Records Mailed Out: _____

_____

_____