

SPECIAL SERVICES RECORDS REQUEST

Bethel School District
516 176TH Street East
Spanaway, WA 98387-8399

Sept - June: (253)800-2318 • July & August: (253)800-2315/2316

Please allow up to five (5) days for processing during the school year and up to seven (7) days during summer break. Picture ID is required at time of pick up.

REQUEST

Type of Records Request:

- Current IEP (Individualized Education Program)
- Current Evaluation
- Current 504
- Other: _____

(There is a \$0.15 charge per page when an entire file is requested that is due at time of pickup.)

Student Information:

Last Name: Birth Date:

First Name:

Middle:

Telephone Number:

Street Address:

City, State, Zip:

School Information:

Last Bethel School Attended:

Last Year Attended:

Year Graduated:

RECORDS PICK UP

Parent **Guardian** **Adult Student**

I have shown the necessary identification and received copies of the special education records as specified above. I understand the original file will be maintained in the Special Services Office at Bethel School District.

Signature:

Printed Name:

Date:

