

Request for Student Health Office Records

School Name: _____ Student #: _____

Student's First Name: _____ Student's Last Name: _____

Address: _____

City: _____ Zip: _____

Describe Information Requested: (Be Specific)

Please list below the date range you are requesting. If this range covers more than one school year or the child was enrolled at multiple locations, list that information to assist in timely processing of the request.

Specific Day: _____ or Beginning Date: _____ Ending Date: _____

Additional Information: _____

Relationship to Student: Parent/Guardian Case/Social Worker Dept. of Family Services
 Law Enforcement Child Protective Services Social Security Admin.
 District Attorney's Office CCSD Staff Other: _____

- Information is being requested by a parent/guardian of the student for record purposes.
- Permission to disclose information has been given by the parent/guardian and is attached to this request.
- Information is being requested by internal CCSD staff in order to complete services for student.
- The child's well being is in immediate danger and the information requested is directly related to this issue.
- Information requested is part of an investigation into a recent claim of abuse or neglect.
- Disclosure to parent/guardian of this request will compromise or interfere with an on-going investigation.

Check any that apply:

Name of Requesting Party: _____

Address: _____

City: _____ Zip: _____

Phone: _____ E-mail Address: _____

Signing below acknowledges that the person requesting this information is the legal parent/guardian of the student or has a legal right to request information regarding this student. The information requested will be mailed or e-mailed to the address indicate above within ten (10) business days of the request. If there are any questions regarding this request you will be contacted at the phone number listed.

Signature: _____ Date: _____

*In order to protect confidential information, please be prepared to show a picture ID when presenting this request.

ID Verified By CCSD Staff:

Signature: _____ Print Name: _____ Date: _____