

POTTSGROVE SCHOOL DISTRICT
1301 KAUFFMAN ROAD
POTTSTOWN, PA 19464-2303
PHONE NUMBER: (610) 327-2277 **FACSIMILE NUMBER (610) 327-2530**
www.pgisd.org

Request for Copies of Special Education Records

Dear Parent or Eligible Student:

You recently requested copies of your child's Special Education Records. Please complete the form below and return it to the attention of Ann Myers, Director of Pupil Services, within three (3) school days. The School District will respond to your request within 45 calendar days from the date the School District receives this completed form, unless you indicate below that you need the records for a Special Education meeting or hearing and you have indicated the relevant date of that meeting or hearing. Please Note: A fee of \$.15 per copy will be charged to copy records and you will be responsible for the cost of postage if the documents are mailed to you. The records will be sent to you after your payment is received by the School District. If you believe that you cannot afford to pay the cost, please contact Ann Myers who will review your request for an exemption.

Parent/Eligible Student Name: _____

Address: _____

Name of Student for whom you are requesting educational records: _____

Student's date of birth: _____

List of specific records requested: _____

_____ The records are for a Special Education meeting ____ OR hearing ____ on _____ (date).

I would like to: ____ pick up the records when ready.

____ receive the records through the mail. Indicate mailing address below:

Signature: _____ Date: _____

Telephone number: _____

FOR OFFICE USE ONLY

Date Request Received: _____ Copying Fee: _____

Location: _____ Postage Fee (if applicable): _____

Date Records Copied: _____

Date Records Mailed (if applicable): _____

Date Copying/Postage Fee Received: _____