

## REQUEST FOR SPECIAL EDUCATION PROGRAMS AND SERVICES RECORDS

My birth date is between 1/1/1996 and 1/1/1997 and I wish to obtain my special education programs and services records.

Name:
Address:
Daytime Telephone:
Date of Birth:
Year of Graduation:
Special Education Program:

This form will be required for release of records.

Please mail this completed Request to Mrs. Darlene Howell, Special Education Office, 4591 School Drive, Allison Park, PA 15101 before December 31, 2021.

You will be contacted when your records are ready for pick up. Proper identification including name and date of birth (i.e. driver's license) will be required before materials are released.