



Santa Ana Unified School District
Request for Records

Pupil's Name _____ Birthdate _____ Today's Date _____

Parent's Name _____

School Now Attending (if any): _____

Schools attended while is Santa Ana Unified School District:

School	Year	Year Graduated	Year Dropped
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did pupil transfer to another district? _____ If so, where? _____

Date pupil transferred: _____

Is this the first time you request your records? Yes No

REASON FOR REQUEST: Immigration Immunization Adult Education

Other _____

I swear or affirm under penalty of perjury that I am the authorized person to request and receive the records for the above named person.

Signature: _____ Relationship: _____

Address: _____
Number Street City State Zip Code

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Do you want records: Mailed? _____ Picked-up? _____