



Santa Ana Unified School District
Pupil Support Services
REQUEST FOR RECORDS

For Office Use Only:

Date Called _____

Date picked up: _____

Initials: _____

Today's Date: _____

STUDENT NAME: _____ **Birthdate:** _____

Please Print

LAST (Maiden) Name

First Name

Middle Name

Has the student above attended schools in our district? ☐ Yes ☐ No

Current or last school attended _____ Student ID # (If known): _____

Parents' Name: _____

REASON FOR REQUEST:

☐

IMMUNIZATION

☐

IMMIGRATION

☐

TRANSCRIPTS

(For Adult Ed., College/University)

☐ Other: _____

Did student transfer to another district? ☐ Yes ☐ No

Is this your first time requesting records for this student? ☐ Yes ☐ No

Schools attended within Santa Ana Unified School District:

School Name (Start with the most current school attended)	Year / Grade	Year Graduated (If applies)	Year / Grade Dropped

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: _____

Mailing address: _____

Number

Street

City

State

Zip Code

Home phone _____ Cell Phone _____ Work Phone _____

Records are to be: ☐ PICKED UP by me ☐ MAILED to the address provided ☐ PICKED UP by someone else

If you authorize someone else to pick up records, provide us with his/her full name: _____

The authorized person picking up records must present a photo ID.