

LONG COUNTY SCHOOL SYSTEM
Special Education Department

P.O. Box 428
Ludowici, GA 31316
(912)545-2919 FAX (912)545-2375

Donna Manning, Director
Angel Dunham, Secretary

Records Request

Date of Request: _____

Student Information:	_____	_____	_____
	(First Name)	(Middle Name)	(Last Name)
	_____	_____	
	(DOB)	(Georgia Testing Identifier [GTID], if available)	

Previous School/Agency:	_____		
	(Name)		

	(Mailing Address, Line 1)		

	(Mailing Address, Line 2)		

	(Phone)	_____	(FAX)

Information Requested:	_____ Individualized Education Program (IEP)
	_____ Most recent psychological evaluation
	_____ Most recent eligibility report
	_____ Available medical records
	_____ Available psychiatric evaluations
	_____ Other: _____

<i>A faxed copy of the above information is preferred. If unable to fax, please mail the requested information. Your timely response is appreciated and will ensure appropriate educational planning for this student.</i>			
Requesting School/Agency:	_____		
	(Name)		

	(Mailing Address, Line 1)		

	(Mailing Address, Line 2)		

	(Phone)	_____	(FAX)

Family Educational and Privacy Act (FERPA) regulations state:

(a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the consent required by §99.30 if the disclosure meets one or more of the following conditions:

(1)(i)(A) The disclosure is to other school officials, including teachers, within the agency or institution whom the agency or institution has determined to have legitimate educational interests.

(2) The disclosure is, subject to the requirements of §99.34, to officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll, or where the student is already enrolled so long as the disclosure is for purposes related to the student's enrollment or transfer.