



Hemet Unified School District  
**Centralized Student Services**

Phone (951) 765-5100 x3580  
[www.hemetusd.k12.ca.us](http://www.hemetusd.k12.ca.us)

**FAX (951) 658-4217**

Attention: \_\_\_\_\_

FAX #: \_\_\_\_\_

**REQUEST FOR RECORDS**

REFERENCE:

**Student's Name** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**Please Fax:**

**To: Registrar**

- Birth Certificate
- Immunization Records
- IEP / Psych. Report
- Transcripts
- \_\_\_\_\_

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Address of Previous School

\_\_\_\_\_  
City State Zip Code

**FORWARD RECORDS TO: Registrar**

\_\_\_\_\_  
Name of Requesting School

\_\_\_\_\_  
Address of Requesting School

\_\_\_\_\_  
City State Zip Code

The Federal Rights and Privacy Act of 1974, Sections 99.31 and 99.34, and California Law do not require the school forwarding pupil records to obtain permission to release the records. The parent signature is provided below because your state or procedures may require parent authorization to release records for the student named above.

**I authorize all of my child's records to be sent to the present school. Please send all pupil records, including grades, educational information, psychological, special education, health records, as well as developmental information for the student indicated above.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

In compliance with California Education Code 49068, the Hemet Unified School District will inform the parents of their rights to inspect, review, receive a copy, and challenge the content of the records of the above student.

Principal/Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_