



San Diego Unified School District

MILLER ELEMENTARY SCHOOL

4343 Shields St., San Diego, CA 92124 Phone: (858) 221-5200

Fax: (858) 221-5249

Received: _____

Request for School Records

School: _____

Address: _____

Phone: _____

Fax: _____

The Family Educational Rights and Privacy Act of 1974 and California Law do not require the school forwarding pupil records to obtain parent permission to release the records. In compliance with California Education Code Section 49068, the parents are being informed of their rights to inspect, review and challenge the contents of the records. Please forward the cumulative records, health records, confidential records and other available guidance materials to the school indicated below. Please be sure to include Special Education records needed for placement in the appropriate program.

Student Name: _____ DOB: _____ Grade: _____

Student Name: _____ DOB: _____ Grade: _____

Student Name: _____ DOB: _____ Grade: _____

Send to:
Miller Elementary
4343 Shields St. San Diego, CA 92124
Fax: 858-221-5249
Email: LRaher@sandi.net

Office Use Only

Birth Certificate

Immunizations

Last Report Card

IEP (Include Psych. Report)

GATE Certification

Other:

Enrolled as of: _____

1st Request: _____ Requested by: _____	2nd Request: _____ Requested by: _____	3rd Request: _____ Requested by: _____
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