## RECORDS REQUEST LETTER FOR SPECIFIC DISCIPLINARY INCIDENT

[DATE]

**VIA EMAIL ONLY**

[Name of School Administrator]

[Title]

[Email Address]

**Re: Request for Educational Records for [Name of Student] (DOB: XX-XX-XXXX)**

I am writing on behalf of my client, [Name of Parent], to request a complete copy of all school records in the possession or control of [Name of School] and the [Name of School District or Charter Organization] that relate to her child, [Name of Student], a student in the [Grade Level] grade at [Name of School]. I am making this request pursuant to the Federal Education Rights and Privacy Act (FERPA) and the Parents’ Bill of Rights for Public Schools found in La. R.S. 17:406.9 [IF A SPECIAL EDUCATION STUDENT, ADD: the Individuals with Disabilities Education Act (IDEA), their corresponding federal regulations, and §502 of Louisiana Bulletin 1706]. This request includes, but is not limited to, the following documents:

* Any and all disciplinary records and documents related to the alleged incident that occurred on or about [Date of Incident] resulting in disciplinary action against [Name of Student], including: any video footage of the incident; student statements; witness statements, administrative and investigative reports; email and text communications regarding the incident; notes related to the alleged conduct, and any and all documents or communications to the student’s parent/guardian regarding the incident. This is not a request for the personally identifiable information of other students, which I understand will be redacted from the forwarded documents.
* Any other disciplinary reports, notices, or other records for all years of attendance
* Attendance records for all years of attendance
* Report cards and/or progress reports for all years of attendance
* Results of standardized testing for all years of attendance
* The student’s class schedules for all years of attendance
* Any records related to 504 plans or special education that may exist, including but not limited to evaluations, IEPs, IAPs, Functional Behavioral Assessments, or Behavior Intervention Plans.
* Any other evaluations, assessments, screenings or records of interventions that may have been conducted on behalf of the student

I have enclosed an authorization for release of records signed by the student’s parent and educational rights holder. I ask that you please provide an electronic copy of these records via email attachment or link by no later than 10 business days from this request, [Insert 10-Day Date], in accordance with La. R.S. 17:406.9. Thank you for your timely response. If you have any questions, please do not hesitate to contact me at [Email Address] or (XXX)-XXX-XXXX.

Sincerely,

[Name of Requestor]

[Title]

Encl. – Authorization to Release Educational Records