



2200 M Avenue | Anacortes, WA 98221 | Phone 360-503-1200 | Fax 360-503-1201 | www.asd103.org

SPECIAL EDUCATION RECORDS REQUEST

Please return to the office of Inclusive Services: inclusiveservices@asd103.org

Today's date _____ Last year of attendance _____

Student's name _____ DOB _____

Name used while attending Anacortes schools _____

TYPE OF RECORD REQUESTED

<input type="checkbox"/> Most recent IEP	<input type="checkbox"/> All IEP records
<input type="checkbox"/> Most recent evaluation	<input type="checkbox"/> All evaluations
Other (please specify): 	

FORMAT REQUESTED Electronic (email) Hard copy (printing and mailing fee may apply)

Name of requester _____

Signature _____

Organization (if applicable) _____

Email _____ Phone _____

Address (if requesting hard copies) _____
