



Cartwright School District 83  
5220 W Indian School Rd Phoenix, AZ 85031  
Tel: 623-691-3971 Fax: 623-691-5924  
spedrecords@csd83.org

## Request for Special Services Records

### Student Information:

Legal Last Name		First Name		Middle Name
Date of Birth	Mother's Full Name		Father's Full Name	
Name of the last school attended		The last grade attended	What year did the student leave Cartwright School District	
Was the student promoted from 8 <sup>th</sup> grade while attending this district			If yes, what school year was the student promoted	

### Records Being Requested:

<input type="checkbox"/> MET Report	<input type="checkbox"/> IEP Report	<input type="checkbox"/> FBA	<input type="checkbox"/> BIP
<input type="checkbox"/> 504	<input type="checkbox"/> GIFTED		
<input type="checkbox"/> Other: _____			
Reason for Request:			
Indicate how you want to receive the records: <input type="checkbox"/> Pickup in Person <input type="checkbox"/> Fax: _____ <input type="checkbox"/> Email: _____ <input type="checkbox"/> US Mail: _____			

### Requester Information:

<input type="checkbox"/> Self/Student (Now 18 years or older)			<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian
Name:				
Current Address:				
Phone Number:	Signature:			Today's Date:

If the student is under 18 years of age, records may only be released to the parent or legal guardian.  
If the student is 18 or older, records may only be released to the student. A photo ID is required with this request form.  
Requests may take up to ten business days to process.

This Section is for Office Use Only				
Date Contacted:	Date Picked Up:	Date Mailed:	Copy of ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Faxed:
Comment:		Date Emailed:		