

**Mississippi Department of Human Services/Division of Youth Services
Request for Educational Records**

This form is used to request records from the student's previous school districts or other public/private agencies. A copy is maintained in the student's file.

Facility: MDHS/Oakley Youth Development Center
 Address: Williams School
 2375 Oakley Road, Raymond, MS 39154
 Telephone (601)857-7644/ (601)-857-7640
 Fax Number: (601)857-7642

Date:	Student Name:	DOB:
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TO:

Name:	
Address:	
City, State, Zip:	
Phone #:	
Fax #:	

The above named student has been admitted to the Mississippi Department of Human Services/Division of Youth Services Facility identified above. This student has been identified as having attended your school district and may have received special education services. We will appreciate receiving copies of his/her educational records.

Parent consent is not required for this release of records by you to our school district. Release of these records without parent consent is authorized by regulations of the Family Educational Rights and Privacy Act (Code of Federal Regulations 99.31).

MSIS # _____ Release to School – 2562-008
 Release from School _____

A copy of the following records should be faxed or mailed to the address above within 5 working days.

- | | |
|---|--|
| _____ Copy of cumulative record including: | _____ <i>Copy of student ICAP</i> |
| _____ <i>Permanent record</i> | _____ Copy of special education records including: |
| _____ <i>Birth certificate</i> | _____ <i>Current IEP and minutes of meeting</i> |
| _____ <i>Social security card</i> | _____ <i>Current Assessment Team Report(s)</i> |
| _____ <i>Current schedule and attendance records</i> | _____ <i>Parent consent for evaluation</i> |
| _____ <i>Immunization records</i> | _____ <i>Parent consent for placement</i> |
| _____ <i>Most recent progress report or report card</i> | _____ <i>Parent notice of IEP meeting</i> |
| _____ <i>Vision, hearing, and dental screening report</i> | _____ <i>Psychological report</i> |
| _____ <i>Standardized Test Scores</i> | _____ <i>Other evaluation reports supporting eligibility/placement</i> |
| _____ <i>GED Practice or official GED test scores</i> | |

Please call me if you have any questions or need additional information regarding this request. Thank you for your assistance and cooperation.

 (Name) _____ (Position)

PLEASE FAX A COPY OF THE REQUESTED INFORMATION OR MAIL A COPY TO THE ABOVE ADDRESS.

Please make sure all Special Education Records are labeled separately.

Student Name:				Date Request for Records Mailed:	
<i>Academic school to begin follow-up in 5 school days</i>					
1st Phone Inquiry Date:	School Contacted:	Person Contacted:	Information Given:	Date Record Expected:	
2nd Phone Inquiry Date	School Contacted:	Person Contacted:	Information Given:	Date Record Expected:	
<i><u>If record is not received in 3 weeks from the date of the 1st request, contact the MDE Office of Accreditation, (601)359-3764</u></i>				Date Office of Accreditation Notified:	
Date Record Received:		Date Records Mailed Out:			
		Address Records Mailed Out:			