



Valley School District No. 070

3030 Huffman Road • Valley, WA 99181 • Ph: (509) 937-2791 • Fax: (509) 937-2691 • www.valleypsd.org

[Date]

[Parent Name]
[Parent Address]
[City, State Zip]

RE: STUDENT RECORDS FOR [STUDENT NAME]
[School Name]

Dear [Parent Name],

In accordance with state regulations, your student's Special Education history file from [School Name] has been retained in the Valley School District for a period of at least six (6) years. Now that the retention period has ended, we will be destroying your student's Special Education file and supplemental records and will only retain his/her official student record (Permanent File). If you prefer to have the Special Education history records sent to you or the adult student instead of being destroyed, please return the completed and signed authorization form below within thirty (30) days from the date of this letter. After thirty days, we will assume you have opted not to take possession of the records and the file will be destroyed as required by state regulations.

If you have any further questions, I encourage you to contact the district business office at (509) 937-2791.

Sincerely,

Gabriele von Trapp
District Records Manager

As the [ ]parent [ ]legal guardian [ ]adult student, I opt to take possession of the Special Education history records filed under the name of \_\_\_\_\_ instead of having the records destroyed. Please mail the records to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

NOTE: If the student is under the age of 18, the parent must sign this authorization and receive the records. If the student is age 18 or older, he/she must sign the authorization and receive the records, unless the parent has legal guardianship. If a legal guardianship exists for the student, please remit supportive documentation with this form.

Printed Name / Signature / Date