

·Glennallen ·Kenny Lake ·Slana ·Upstream Learning·

Request for Student Records

Name of Student (first/middle/last)		
Date of Birth (mo/day/yr)		
ast attended: School Name	District	Grade
Dity:	State:	
Fo: Administrator of the	School District:	
In accordance with Copper River School District policies	s, I hereby request the following information	related to the above-named student:
Information about whether the student has b	een referred for special education, but has	not yet been evaluated.
Information about the student's special educ (IEP).	ation program, including a copy of the stud	ent's individualized education program
Information about any pending disciplinary p reason(s) for pending disciplinary proceeding	-	uding a written explanation of the
A copy of any expulsion order involving the properties for the expulsion and the length of term of the		g a written explanation of the reason(s)
Complete transcript with grades to date		
Test scores		
Health card		
Copper River School District - School Site:		
GLENNALLEN SCHOOL		
Name and Title of School Official	Telephone	e Area/No.
Signature of School Official	Date Sign	ed
Comments:		

Please send information to:

Glennallen School P.O. Box 108 Glennallen, AK 99588 GES Phone: 907-822-3232 GHS Phone: 907-822-5286

fax: 907-822-8500