

To: Records Access Officer
Mount Vernon City School District
165 N. Columbus Avenue
Mount Vernon, NY 10553

From: _____ (parent/guardian)

Date: _____

Re: Request for student records

To Whom It May Concern:

I, _____, parent/guardian of _____
(student), hereby request a copy of all of his/her records since s/he entered school pursuant to FERPA, the Federal Family and Educational Rights and Privacy Act and IDEA, the Individuals with Disabilities Education Act. I understand that the District, pursuant to FERPA, is required to provide the above referenced records to me within 45 days of receiving this request.

Thank you for your cooperation.

Very truly yours,

Parent/guardian

Address:

Telephone:

E-mail:
