



Pajaro Valley Unified School District
Student Services Department
 294 Green Valley Road, Watsonville, CA 95076
 Telephone: (831) 786-2390 * FAX: (831) 722-9170

STUDENT RECORDS REQUEST

(Personal Record Card)

- **VALID PICTURE ID IS REQUIRED TO PROCESS THIS REQUEST.**
- **STUDENT RECORDS WILL BE PROVIDED WITHIN FIVE (5) BUSINESS DAYS.**

IF STUDENT IS A MINOR, PARENT(S) MUST REQUEST RECORDS ON HIS/HER BEHALF. IF STUDENT IS OVER 18 AND NOT PRESENT, WRITTEN PERMISSION FROM THE STUDENT NEEDS TO BE PROVIDED IN ORDER TO REQUEST AND/OR RELEASE RECORDS AND A COPY OF A VALID PICTURE ID OF BOTH THE STUDENT AND THE REQUESTOR.

REQUESTOR INFORMATION	
FULL NAME:	TODAY'S DATE:
RELATIONSHIP TO STUDENT:	PHONE NUMBER: ()
REASON FOR REQUEST:	
RECORDS NEEDED BY: DATE: _____ (PLEASE ALLOW AT LEAST 5 BUSINESS DAYS)	<input type="checkbox"/> MAIL TO*: _____ _____ _____
<input type="checkbox"/> PICK UP THE FOLLOWING PERSON(S): _____ HAS/HAVE MY PERMISSION TO PICK UP THESE RECORDS. (Picture ID will be required to pick up records)	*ONLY AVAILABLE FOR RECORDS MAILED OUTSIDE OF SANTA CRUZ COUNTY.

STUDENT INFORMATION	
STUDENT'S FULL NAME:	
D.O.B.:	OTHER NAMES USED (MAIDEN NAME):
PARENT OR GUARDIAN:	
SCHOOL(S) ATTENDED (K-8 TH GRADE ONLY): FOR HIGH SCHOOL TRANSCRIPTS, PLEASE GO TO THE HIGH SCHOOL YOU LAST ATTENDED. <u>CHECK ALL THAT APPLY</u>	
<input type="checkbox"/> AMESTI <input type="checkbox"/> ANN SOLDO <input type="checkbox"/> BRADLEY <input type="checkbox"/> CALABASAS <input type="checkbox"/> FREEDOM <input type="checkbox"/> H.A. HYDE <input type="checkbox"/> HALL DIST. <input type="checkbox"/> LANDMARK <input type="checkbox"/> MACQUIDDY <input type="checkbox"/> MAR VISTA <input type="checkbox"/> MINTIE W. <input type="checkbox"/> OHLONE <input type="checkbox"/> RADCLIFF <input type="checkbox"/> RIO DEL MAR <input type="checkbox"/> STARLIGHT <input type="checkbox"/> VALENCIA <input type="checkbox"/> APTOS JR. <input type="checkbox"/> CESAR CHAVEZ <input type="checkbox"/> E.A. HALL <input type="checkbox"/> LAKEVIEW <input type="checkbox"/> PAJARO MIDDLE <input type="checkbox"/> ROLLING HILLS <input type="checkbox"/> ALIANZA <input type="checkbox"/> PACIFIC COAST <input type="checkbox"/> WCSA <input type="checkbox"/> OTHER: _____	

CERTIFICATION	
I AGREE THAT THE INFORMATION I OBTAIN IN RESPONSE TO MY REQUEST IS CONSIDERED PRIVILEGED AND CONFIDENTIAL.	
REQUESTER SIGNATURE:	DATE:

OFFICE USE ONLY:		
METHOD OF VERIFICATION:	PROCESSED BY:	DATE MAILED OR PICKED UP:
COMMENTS:		