

PRIOR NOTICE OF INTENT TO DESTROY DATA
USED FOR SPECIAL EDUCATION PROGRAMS AND SERVICES

Date _____

To _____

From _____, Records Officer

Student's Name _____ Date of Birth _____

This is to notify you that the information and/or data which has been used for the purpose of making educational decisions regarding the above-named student is no longer needed by this District.

If you request, we will continue to maintain this information in the event it is needed for Social Security benefits or other purposes.

If you request the information to be destroyed, we will keep a permanent record of the following: student's name, address, telephone number, grades, attendance record, classes attended, grade level, and year completed.

Please complete and return the bottom portion of this form by _____ (Insert Date) if you are requesting that we retain these records.

If you have any questions, please contact my office at _____
_____.

Student's Name _____ Date _____

Parent's Name _____

_____ I am requesting that all information and data no longer needed by the District for the purpose of making educational decisions for _____ (Student's Name) be retained. I understand the information contained in the records may be needed in the future for Social Security benefits or other purposes.

Parent's Signature _____ Date _____