

**SPECIAL EDUCATION  
ARLINGTON PUBLIC SCHOOLS  
869 Massachusetts Avenue  
Arlington, MA 02476  
781 316-3530**

**Request for Duplicate Records**

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_  
*Print Your Name* *Print Student Name*

request a copy of the following documents from my child's special education record:

**IEP**

- Current IEP
- Complete set of all IEPs

**EVALUATION REPORTS**

- Most recent evaluation reports
- Complete set of all evaluation reports

**COMPLETE SET OF STUDENT FILE**

**OTHER – List specific documents:**

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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Telephone #*

\_\_\_\_\_  
*Date*

*Please Note: Documents requested will be available at the Special Education office (sixth floor, Arlington High School) within 10 school working days of receipt of request. We will call to notify you when the records are available for pick-up. The Student Services office provides one copy of each requested record(s) at no charge. Requests for additional copies will be provided at a cost of \$.10/page.*

I acknowledge receipt of records as indicated above.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*