DATE

*Via U.S. Mail and E-Mail < >*

ADDRESS

**RE: Student/Client, DOB:**

 **Request for Records**

Dear :

I am writing to request records for [Student/Client] DOB:\_\_\_\_\_\_.

This request includes, but is not limited to:

* Summary of Performance (SOP)

The Summary of Performance, with the accompanying documentation, is important to assist the student in the transition from high school to higher education, training and/or employment. This information is necessary under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to help establish a student’s eligibility for reasonable accommodations and supports in postsecondary settings. It is also useful for the Vocational Rehabilitation Comprehensive Assessment process. The information about students' current level of functioning is intended to help postsecondary institutions consider accommodations for access. §Sec. 300.305(e)(3)

* IEP/ITP
* Psycho-Education Assessment Summary/Triennial Assessment
* Accommodations (Academic &/or Work Based Learning
* Resume (Including all Work-Based Learning Experiences, i.e., employment,

Paid/non-paid work experiences, etc.) (optional)

* Transition Portfolio (Optional)

Enclosed please find a signed relase of information for [agency receiving the request] to [agency making the request]. A signed HIPAA Authorization is also enclosed for the release of medical records. *See* Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. §§ 164.508(b)(2)(ii), 164.501; Cal. Civil Code §§ 56.11, 56.05(f).

If you have any questions, please feel free to call me at [phone]. Thank you in advance for your attention to this request.

Sincerely,

Encls:

Authorization for Use or Disclosure

Authorization for Disclosure of Health Information- HIPAA