



# *Littleton Public Schools*

33 Shattuck St. \* P.O. Box 1486 \* Littleton, MA 01460-4486 \* Phone: (978) 540-2500 \* Fax: (978) 486-9581 \* Website: [www.littletonps.org](http://www.littletonps.org)

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## **KELLY R. CLENCHY, Ed.D., SUPERINTENDENT OF SCHOOLS**

Elizabeth M. Steele, Interim Curriculum Director  
Justine A. Muir, Director of Pupil Personnel Services  
Steven F. Mark, Business Manager

Natalie A. Croteau, Technology Systems Coordinator  
Julie Lord, Instructional Technology Coordinator

## **Department of Pupil Services Request for Copies of Special Education Records**

Dear Parents/Guardians/Eligible Students,

The Department of Pupil Services will gladly fulfill your request for copies of any part of your child's/your special education records. To submit a request, please complete the form on the following page. Please return completed forms to the Department of Pupil Services by mail, fax or in person.

Records will be provided as soon as practicable and within ten days of the request.

You will be contacted once the records are ready for you.

Please note that we reserve the right to charge a reasonable fee limited to the cost of reproduction.

All rights associated with student records are contained in [Massachusetts State Regulations 603 C.M.R.23.00](#).

*It is the policy of the Littleton Public Schools not to discriminate on the basis of race, gender, religion, national origin, color, homelessness, sexual orientation, gender identity, age or disability in its educational programs, services, activities or employment practices. Further information may be obtained by contacting Justine Muir, District Equity Coordinator at 978-540-2500, [jmuir@littletonps.org](mailto:jmuir@littletonps.org) or 33 Shattuck Street, P.O. Box 1486, Littleton, MA 01460.*

*Our mission is to foster a community of learners who strive for excellence and prepare each student to be a successful, contributing citizen in a global society.*



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### Department of Pupil Services Request for Copies of Special Education Records

Date of Request: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please specify which documents you are requesting copies of:

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Preferred method of receiving the copies: \_\_\_\_\_ pick up \_\_\_\_\_ mail to home

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**For Office Use:** Date records were available: \_\_\_\_\_ If records picked up, date picked up: \_\_\_\_\_

Updated: 8/1/19

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