[Attorney Name]
[Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

Records Custodian / Registrar
[Educational Institution Name]
[Department, if applicable]
[Address]
[City, State, Zip Code]

RE: Letter of Representation and Request for Educational Records

Student Name: [Student Full Name]
Date of Birth: [Student DOB]
Student ID Number: [Student ID Number, if known]
Dates of Attendance: [Dates]

To the Records Custodian:

Please be advised that this office represents [Name of Student/Client] in connection with [briefly state matter, e.g., an ongoing administrative proceeding / educational advocacy].

Pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. $ 1232g; 34 CFR Part 99), I am formally requesting a complete copy of the student's educational records. This request includes, but is not limited to:

- Official and unofficial transcripts;
- Disciplinary records and incident reports;
- Special education records, IEPs, and 504 plans;
- Attendance records;
- Standardized testing results;
- Teacher notes and internal correspondence regarding the student.

Attached to this letter is a signed Authorization for Release of Information, granting our office permission to access and receive these records.

Please provide these documents in electronic format to [Email Address] or via mail to the address listed above within [Number] business days. If there is a reasonable fee for duplicating these records, please notify us in advance.

Thank you for your prompt attention to this matter.

Sincerely,

[Attorney Signature]

[Printed Name]
[Law Firm Name]

Enclosure: Signed Release of Information