



OFFICE OF DISPUTE RESOLUTION RECORDS REQUEST FORM

REQUEST FOR:

1. Audio Copy OR Transcript (you may only request one, please check one option):

A. An Audio Copy of Proceedings: One (1) ☐ CD Version -OR- One (1) ☐ Electronic File

OR, IN THE ALTERNATIVE,

B. A Transcript of Proceedings: One (1) ☐ Paper Copy -OR- One (1) ☐ Electronic File

2. ☐ Copy of the Certified Record: Requested by - OAG ☐ Non-OAG ☐

(Please attach a copy of your filed appeal to the Court with this request; see instructions below)

3. ☐ Copy of HOD

4. ☐ Translation of the following ODR issued document: _____

Please indicate desired language for translation: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Student's Name: _____ DOB: _____

2. Case Number: _____

3. Hearing Date(s) Being Requested:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

4. Hearing Room Number(s) for Date(s) Being Requested:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

5. Hearing Officer Name: _____

I CERTIFY that I am authorized to receive a copy of the document(s) requested, in that I am (check one) the:

- ☐ Parent in this matter:
- ☐ Hearing Officer in this matter:
- ☐ Current Counsel of Record for the Parent in this matter, AND I am requesting this record at the client's request:
- ☐ Current Counsel for the Local Education Agency (LEA) in this matter, AND I am requesting this record at the client's request:
- ☐ LEA Representative in this matter:
- ☐ Other (please indicate):

Please provide the contact information below so that we may contact you if necessary. We will deliver the requested document to the email address or mailing address that you provide:

Name: _____ Phone (1): _____

Address: _____ Phone (2): _____

_____ email: _____

Instructions and Information:

1. Requests for an audio copy or transcription **will not** be processed until after the conclusion of the requested hearing date(s).
2. Requests for an audio copy of the proceedings may take up to six business days to fulfill. To hear the audio, you will need to use the appropriate software. A link will be provided by e-mail, should you need to download the software.
3. Requests for translated documents, transcripts of proceedings, and/or requests for copies of a certified record, may take up to 30 calendar days to fulfill. Please plan accordingly; the Office of Dispute Resolution does not expedite requests.
4. All requests for records must be submitted to the Office of Dispute Resolution in person or electronically using this form. E-mails received without the completed request form, and verbal requests, will not be accepted.
5. All requests will be considered received based on the date that the request is watermarked at the Office of Dispute Resolution.
6. All requests are fulfilled in the order received.
7. A requestor may choose 1 option **ONLY**, and receive 1 copy **ONLY** of the option requested.
8. Non-OAG requests for certified records must include a stamped copy of page 1 of the appeal for verification.

Unless otherwise noted, all requests will be fulfilled electronically. Requests for paper copies, files or transcripts will be mailed to the address indicated above.

Parent/Guardian Signature: _____ Date: _____

(If request is made on behalf of the parent, the parent **must sign and date**)

Attorney/OAG Representative Signature: _____ Date: _____