



**I CERTIFY** that I am authorized to receive a copy of the document 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 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:

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

Phone (1): \_\_\_\_\_

Email: \_\_\_\_\_

Phone (2): \_\_\_\_\_

**Instructions and Information:**

1. Requests for audio and transcription **will not** be processed until after the hearing(s) have concluded.
2. Requests for an audio of the proceedings may take up to 6 business days to fulfill. To hear the audio you will need to download the software (only once) provided to you in a link by email.
3. A request for a transcript of the proceedings, or a request for a copy 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. Emails 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 was file stamped "received" 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: \_\_\_\_\_