CHILD'S ATTORNEY *(Name and Address):*	*FOR COURT USE ONLY*
TELEPHONE NO. *(Optional):* FAX NO. *(Optional):* E–MAIL ADDRESS *(Optional):* CHILD'S NAME:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CERTIFIED REQUEST FOR PUPIL RECORDS—TRUANCY	CASE NUMBER:

This request is made pursuant to Education Code section 49076(a)(10).

1. Child's name:

2. Child's home address:

3. Date of birth:

4. Child's school district:

5. Child's school:

6. School address:

7. The requester is a
   a. ☐ judicial officer.
   b. ☐ probation officer.

8. Requester's name:

9. Requester's mailing address:

10. This request for pupil records is made only for the purposes of
    a. ☐ conducting a truancy mediation program for the child.
    b. ☐ presenting evidence in a truancy petition pursuant to Welfare and Institutions Code section 681.

11. The records requested include *(check all that apply):*
    a. ☐ Attendance records
    b. ☐ Documentation of excused absences
    c. ☐ Other documents relating to the truancy of the child *(specify):*

This form must be sent to the local educational agency (LEA) with form JV-531, *Local Educational Agency Response to JV-530*. Form JV-531 must be returned within 15 calendar days of the receipt of the request.

To the respondent LEA: Failure to respond fully and in a timely manner may result in further court action.

Education Code section 49076(a)(10) requires the school district to inform or provide written notification to the child's parent or guardian within 24 hours of the release of the information.

I certify that this request for pupil records is made only for the purposes of conducting a truancy mediation or presenting evidence in a truancy petition.

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

Form Adopted for Mandatory Use
Judicial Council of California
JV-530 [New July 1, 2002]

American LegalNet, Inc.
www.USCourtForms.com

CHILD'S ATTORNEY *(Name and Address):*	*FOR COURT USE ONLY*
TELEPHONE NO. *(Optional):* FAX NO. *(Optional):* E–MAIL ADDRESS *(Optional):* CHILD'S NAME:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
LOCAL EDUCATIONAL AGENCY RESPONSE TO JV-530	CASE NUMBER:

This form must be returned to the court within 15 calendar days of receipt of form JV-530 with the records requested in that form for conducting a truancy mediation program or presenting evidence in a truancy petition.

1. Child's name:
2. Child's home address:
3. Child's school:
4. Child's school address:
5. School personnel contact *(name, title, and telephone no.):*
6. The records, or copies of records, attached include *(check all that apply):*
   a. ☐ Attendance records
   b. ☐ Documentation of excused absences
   c. ☐ Other documents relating to the truancy of the child *(specify):*

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(TITLE)

Form Adopted for Mandatory Use
Judicial Council of California
JV-531 [New July 1, 2002]

Education Code, § 49076(a)(10)