Dear Parent/Guardian,

As the parent/guardian of a student wishing to enroll in the CTE Pharmacy Technician Program, you need to fill in, sign and submit the Department of Juvenile Justice (DJJ) Request for Records and Information form attached to this email.

Once the DJJ provides you with a copy of the record, please send a copy to the School Program Director. This will allow the student to complete the CTE Pharmacy Technician program clinical experience.

For more information on the DJJ records request please visit the [DJJ website](https://www.djj.virginia.gov/pages/about-djj/djj-juv-records.htm)

or contact:

Lara Todd,

Virginia Department of Juvenile Justice,

600 East Main Street, 20th Floor, Richmond, VA 23218-1110

Phone: (804) 350-5490

Thank you for your cooperation.

REQUEST FOR RECORDS AND INFORMATION

TO: DEPARTMENT OF JUVENILE JUSTICE

I respectfully request a copy of my child’s records as specified below. I understand that in order to request my child’s records, the child must still be under the age of 18. I further understand that I may only request and receive my own child’s records.

Subject’s Full Name:

Relationship to Requestor:

Date of Birth: Social Security Number:

Please send my child’s records to me at the following address:

Street

City State Zip

Phone Number E-mail Address I request that you send me the records checked below:

 Court Records Classification Records

 Disciplinary Records

**X** Other (please specify):

Juvenile Offense History

 Entire File

I request that you send me the records **INITIALED** below:

 Medical Records

 Psychotherapy notes

 Mental Health Records (excluding psychotherapy notes)

 Education Records

 Substance Abuse Records Sex Offender Treatment Records

I understand that some of the medical, substance abuse, psychotherapy, and sex offender treatment records are protected by federal law and/or Virginia law from disclosure without my consent. I give my consent by initialing above. My consent is voluntary.

A photocopy of this request shall be considered as valid as the original.

Parent/Legal Guardian’s printed name

Signature Date