



**South Bend Community School Corporation
Special Education Services**

**Teacher of Record Change Request Form
For High School Teachers Only**

Student Name: _____ SBCSC ID#: _____ STN#: _____

Date of Birth: _____ Grade: _____ School: _____

Address: _____

Disability Area(s): Primary: _____

Secondary: _____

Current Teacher of Record: _____

New Teacher of Record: _____

Reason for Change:

Date: _____ Signed: _____

Please fax the completed request to Special Education Services (574.283.8105)