



## Subpoenaed Records Affidavit

Case #	
Title of Case	
Attorney for Plaintiff	
Attorney for Defendant	

Records Subpoenaed by	
Date of Disposition	
Records Pertaining to	
Social Security Number	

I, the undersigned, being the duly authorized custodian of the records and having the authority to certify the records, declare the following: the accompanying records are copies of the original and complete records kept in the regular course and scope of the Sacramento City Unified School District and constitute all of the records called for in the subpoena duces tecum heretofore served in this matter.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

<input type="checkbox"/> Records Copied and Taken
<input type="checkbox"/> Records Picked Up by _____
<input type="checkbox"/> Records Mailed
Signature: _____
Printed Name: _____
Executed on _____ at
Sacramento, California.