

REQUEST FOR EXAMINATION OF STUDENT RECORDS

To: _____ Address: _____
Board Secretary (Custodian)

The undersigned desires to examine the following official education records.

of _____, _____ (Date of Birth) _____ (Grade)
(Full Legal Name of Student)

(Name of School)

My relationship to the student is: _____

(check one)

_____ I do

_____ I do not

desire a copy of such records. I understand that a reasonable charge may be made for the copies.

(Parent's Signature)

APPROVED:

Date: _____

Address: _____

Signature: _____ City: _____

Title: _____ State: _____ Zip: _____

Dated: _____ Phone Number: _____