

REQUEST FOR EXAMINATION OF STUDENT RECORDS

To: _____ Address: _____
Board Secretary (Custodian)

The undersigned desires to examine the following official education records.

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

(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 will may be made for the copies.

(Parent/Guardian Signature)

Date: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone Number _____

APPROVED:
Signature: _____
Title: _____
Dated: _____

ADOPTED: 8/4/00

Reviewed: 10/7/04, 5/27/08, 6/1/09, 6/9/14, 5/2/19