

**REQUEST FOR ACCESS TO STUDENT MEDIA CENTER CIRCULATION RECORDS**

Persons requesting access to student media center circulation records shall submit the following information to the school media specialist.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_

Student(s) Records Requested: \_\_\_\_\_

Purpose for Access: \_\_\_\_\_

Number of Copies Requested: \_\_\_\_\_

Signature of Person Requesting Access: \_\_\_\_\_

Request Approved \_\_\_\_\_ Denied \_\_\_\_\_ Fee Paid: \_\_\_\_\_

By: \_\_\_\_\_  
School Media Specialist Name School Media Specialist Signature Date

ADOPTED: 6/9/00

Reviewed: 12/4/03, 11/6/08, 5/3/12, 1/4/18