

REQUEST FOR EXAMINATION OF STUDENT RECORDS

TO: _____
Board Secretary (Custodian) Address

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 may be made for the copies:

Parent's Signature: _____ Date: _____

Address

City State Zip

Phone Number: _____

APPROVED:

Signature: _____ Date: _____

Title: _____