

STUDENT PERSONNEL

REQUEST FOR EXAMINATION OF STUDENT RECORDS
Code No. 506.1E5

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 may be made for the copies.

(Parent's Signature)

APPROVED:

Signature: _____
Title: _____
Dated: _____

Date: _____
Address: _____
City: _____
State: _____ ZIP _____
Phone Number: _____

Reviewed: 04/08/2019