

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 may be made for the copies.

\_\_\_\_\_  
(Parent's Signature)

APPROVED: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ City: \_\_\_\_\_

Title: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Dated: \_\_\_\_\_ Phone Number: \_\_\_\_\_