

REQUEST FOR EXAMINATION OF EDUCATION 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: _____