

REQUEST FOR EXAMINATION OF EDUCATION RECORDS

To: _____ Address: _____
Board Secretary (Custodian)

The undersigned desires to examine the following official education records:

of _____, _____ Grade
Full Legal Name of Student Date of Birth

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 signature

APPROVED:

Signature: _____

Title: _____

Dated: _____

Date: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____