

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: \_\_\_\_\_