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: _____