

**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: \_\_\_\_\_

**Adopted:** 06/14/1993

**Reviewed:** 06/09/1997; 04/09/2001; 03/29/2004; 03/12/2007; 05/09/2011; 5/22/2017

**Revised:** 04/28/2001; 04/12/2004; 04/09/2007; 06/13/2011; 5/22/2017