



Code No. 506.1E4

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: _____
Signature: _____ Address: _____
State: _____ ZIP _____ City: _____ Title: _____
Number: _____ Dated: _____ Phone
Number: _____