

# Board Policy

Code No. 506.1E5

## REQUEST FOR EXAMINATION OF STUDENT RECORDS

To: \_\_\_\_\_ Address: \_\_\_\_\_  
(Records Custodian)

The undersigned desires to examine the following official education records.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(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 will may be made for the copies.

\_\_\_\_\_  
(Parent's Signature)

Dated: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, ZIP \_\_\_\_\_

Phone #: \_\_\_\_\_

APPROVED:

\_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_

Dated: \_\_\_\_\_

Reapproved: April 6, 2004  
March 5, 2007

Revised: August 6, 2012