

Code No. 506.1E5 REQUEST FOR EXAMINATION OF STUDENT RECORDS

To: Building Principal

Address: _____

The undersigned desires to examine the following official education needs:

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:

Signature

Date: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone Number: _____

APPROVED:

Signature: _____ Title: _____

Dated: _____

