



Students

**Policy Title: Parental Request for Examination of Education Records Code 505.6-E5**

To: \_\_\_\_\_  
*Board Secretary (Custodian)*

Address: 2999 N 10<sup>th</sup> St, Marion, IA 52302

The undersigned desires to examine the following official education records:

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

Of \_\_\_\_\_  
*Full Legal Name of Student*                      *Date of Birth*                      *Grade*

\_\_\_\_\_ My relationship to the student is: \_\_\_\_\_  
*Name of School Building*

**Please check one of the following:**

- I do
- I do not

Desire a copy of such records. I understand that a reasonable charge will be made for copies.

Approved:	Signature _____
Signature: _____	Date: _____
Title: _____	Address: _____
Date: _____	City: _____
	State: _____ Zip: _____
	Phone Number: _____