



Students-Miscellaneous Matters

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

To: _____
Board Secretary (Custodian)

Address: 2999 N 10th 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: _____