



Students-Miscellaneous Matters

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

To: _____
Name of Student Attendance Center

Address: _____
Address of Student Attendance Center

As _____ of _____,
Relationship to Student Full Legal Name of Student

who was born on _____ and is currently in grade _____,

I request to examine the following official education records:

Please check one of the following:

- _____ I do
- _____ I do not

desire a copy of such records and I understand that a reasonable charge will be made for copies, if requested.

Signature

Date: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Approved by:

Signature: _____

Title: _____

Date: _____