

Policy 505.6-E5 Parental Request for Examination of Education Records

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: _____

Approved by:

Phone Number: _____

Signature: _____

Title: _____

Date: _____