

**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:**

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**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: \_\_\_\_\_