REQUEST FOR EXAMINATION OF EDUCATION RECORDS

To:	Address:
Board Secretary (Custodian)	
The undersigned desires to examine the following	g official education records.
of	,
(Full Legal Name of Student)	(Date of Birth) (Grade)
(Name of School)	
My relationship to the student is:	
(check one)	
I do I do not	
desire a copy of such records. I understand that a	reasonable charge may be made for the copies.
	(Parent's Signature)
APPROVED:	Date: Address:
Signature:	City:
Title:	State: ZIP
Dated:	Phone Number: