

PARENTAL REQUEST FOR EXAMINATION  
OF STUDENT RECORDS

Code No. 505.1

To: \_\_\_\_\_  
Board Secretary (Custodian)

Address:

The undersigned desires to examine the following 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 will be made for the copies.

(Signature)

(Title)

APPROVED:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_

Date:

Address:

City:

State: \_\_\_\_\_ Zip:

Phone Number: