

REQUEST FOR EXAMINATION OF EDUCATION RECORDS

To:					Address:			
	Board Secretary (Custodian)							
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 may be made for the copies.								
APPROVED:					Date:			
					Address:			
Signature:					City:			
Title:					State:		ZIP	
Dated:					Phone Number:			