

Exhibit 506.01-E(4): Student Records Access - Request for Examination of Records

Status: ADOPTED

Original Adopted Date: 02/20/2023 | **Last Revised Date:** 11/25/2024 | **Last Reviewed Date:** 11/25/2024

See PDF on the next page.

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.

 (Parent's Signature)

APPROVED:

Date: _____

Address: _____

Signature: _____

City: _____

Title: _____

State: _____ ZIP _____

Dated: _____

Phone Number: _____