

REQUEST TO OBTAIN, INSPECT AND REVIEW
STUDENT RECORDS

Name _____
Parent or Guardian

Address _____

Name _____ Grade _____ Age _____
Student

School _____

- () As the parent of the above named child, I am requesting access to review, obtain copies or inspect my child's school record. My child is under eighteen (18) years of age and presently enrolled in the above named school. *
- () As a student of majority age, I am requesting access to review, obtain copies or inspect my school record.

Date range of records requested _____

Specific records I wish to review/obtain are:

- | | |
|---|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> 504/Special Ed |
| <input type="checkbox"/> Discipline/Behavior | <input type="checkbox"/> Schedule |
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Test Score |
| <input type="checkbox"/> Health/Immunizations | <input type="checkbox"/> Other. Please specify: _____ |

The purpose for which the disclosure may be made is _____

The party or class of parties to whom the disclosure may be made is _____

Do you wish to have a copy of the records disclosed to your child? _____

Signature _____

Date _____

*Or, my child is eighteen (18) years of age or older but is considered a dependent under Section 152 of the Internal Revenue Code.