## REQUEST FOR EXAMINATION OF EDUCATION RECORDS

То:	Address:	
To: Board Secretary (Custodian)		
The undersigned desires to examine the follo	owing official education records.	
of	,	
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:	
Signature:	C'I	
Title:		
Dated:	Dhono Numbor	