Code No. 506.1E5

**PARENTAL REQUEST FOR EXAMINATION OF STUDENT 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 will be made for the copies.

APPROVED:

 (Parent’s Signature)

(Signature) Date:

 Address:

(Title) City:

 State: ZIP

 Phone Number:

(Date)