

STUDENT PERSONNEL

Series 500

EXHIBIT REQUEST FOR EXAMINATION OF EDUCATION RECORDS No. 506.1E4

To: _____ Address: _____
Board Secretary (Custodian)

The undersigned desires to examine the following official education records.

of _____ , _____ (Date of Birth) _____ (Grade)
(Full Legal Name of Student)

(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: _____

Date Approved: May 8, 2017
Date Revised: August 27, 2018