

REQUEST TO GAIN ACCESS TO STUDENT RECORDS

Nature of request (Check): Inspect or review _____ Obtain copies _____

1. Student _____ Birthdate _____

2. Records requested (specify) _____

3. Requestor _____

Address _____ Phone _____

Status (Check one)

_____ Parent/Legal Guardian or Custodian

_____ Student whose records are requested

_____ Other* (specify) _____

4. Reason for request _____

5. Date of request _____

6. Signature of requester _____
(If available)

ACTION ON REQUEST

Request (Check one) _____ Granted

_____ Denied (specify reason) _____

Records furnished (specify) _____

Date furnished _____ Amount charged
for copies _____

Furnished by _____ Title _____

***Notice:** Student records obtained under this request remain subject to the requirement of the federal "Family Educational Rights and Privacy Act of 1974," which requires written parent/guardian or student consent before the records may be shared with any other party.