

**REQUEST TO INSPECT AND REVIEW STUDENT RECORDS BY
PARENT/GUARDIAN/ELIGIBLE STUDENT**

Student Name: _____

Date: _____

Date of Birth: _____

I hereby request:

___ an opportunity to inspect and review the student's education records.

___ copies of the student's education records.

NOTE: Upon a parent/guardian/eligible student's request, the School District shall provide one copy of the student's education record(s) within a reasonable time at the cost of \$.25 per page.

The records requested are as follows:

___ Official administrative record (name, address, birth certificate, grade level completed, grades, grading scale, credits earned, attendance, discipline)

___ Transcripts

___ Standardized test data

___ Attendance records

___ Discipline records

___ Health/Medical records

___ Special education records

___ All IEP documents

___ Individual teachers' records

___ Service providers' records (e.g. occupational therapists, physical therapists, psychologists)

___ Tapes of meetings

___ Other (please specify) _____

I understand that the information to be released may include material that is protected by state and/or federal law. My signature verifies that I am legally entitled to review and receive all such information.

Signature (Parent or guardian of student, or student if aged 18 or over)

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____