

REQUEST TO GAIN ACCESS TO STUDENT RECORDS

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

1. Student: _____

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 requestor: _____
(if available)

ACTION ON REQUEST

Request (check one): _____ Granted

_____ Denied (specify reason):

Records furnished (specify): _____

Date furnished: _____ Amt. charged for copies: _____

Furnished by: _____ Title: _____

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