

Douglas County School District
Request to Review an Education Record

Date: _____

To: _____
Name of Designated Official

From: _____
Name of Parent(s)

Address

Telephone Number

Under the provisions of the Family Educational Rights and Privacy Act of 1974, and NRS 392, I wish to inspect the following education record: _____

of: _____
Name of Student

I do / do not desire a copy of such records. I understand that a reasonable fee will be charged for the copies.

Signature: _____

For official use only

Date Received: _____ Date Request Verified: _____

Approved: Disapproved: Reason(s) for Disapproval: _____

Signature of Official Approving/Disapproving Request: _____

Date: _____ Date Notification Sent: _____