

REQUEST FOR INSPECTION OF STUDENT RECORDS

The undersigned being a parent or legal guardian of a child under the age of 18 years who is attending or has attended school in the Thompson School District No. R2-J or a person over the age of 18 years who is attending or has attended school in Thompson School District No. R2-J hereby formally requests that the following student record be produced for inspection and reviewed at a time and place to be designated by the Thompson School District No. R2-J.

Signature Date

- Parent /Legal Guardian
- Eligible Student (if over 18 years of age)
- Other (Please specify) _____

Name of Person Requesting Record: _____

Contact Information: Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Student's Name (while attending school): _____

Maiden Name (if applicable): _____

Name of School Attended/Graduated/Withdrew from: _____

Records inspected by: _____
Name Date

Witnessed by: _____
Name Date

Adopted August 17, 1988

Revised August 6, 1997

Revised May 20, 2009