

**5500-E.4 APPLICATION TO REVIEW STUDENT'S RECORDS AND CONSENT THERETO BY PARENT/GUARDIAN OR STUDENT**

APPLICATION

I, \_\_\_\_\_, have hereby requested access to \_\_\_\_\_ records for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Said records will not be made available to any other person or persons without the specific written consent of \_\_\_\_\_  
(Parent/Guardian - Student)

Signature \_\_\_\_\_ Date \_\_\_\_\_

CONSENT

I hereby consent that \_\_\_\_\_ have access to my child's (to my) records with the understanding that such records will not be released by him/her to other persons without my further consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Adoption date: October 1994

**Lansingburgh Central School District**

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