

**REQUEST BY PARENT/GUARDIAN OR ELIGIBLE STUDENT  
TO EXAMINE AND COPY RECORDS**

TO: RECORDS ACCESS OFFICER

I, \_\_\_\_\_, hereby request that

I be allowed to review and make copies of the following records pertaining to:

myself

my son/daughter \_\_\_\_\_

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

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian or Eligible Student

(To be kept by the Records Access Officer so as to indicate the date a particular record was requested for the purpose of the 45-day period. If a person refuses to fill out a written request, access cannot be denied. In those cases, the Records Access Officer should complete this form.)