

**REQUEST TO INSPECT AND REVIEW STUDENT RECORDS BY
PARENT/GUARDIAN/ELIGIBLE STUDENT**

Student Name: _____

Date: _____

Date of Birth: _____

I hereby request:

_____ an opportunity to inspect and review the student's education records.

_____ copies of the student's education records

NOTE: Upon a parent/guardian/eligible student's request, the School District shall provide one copy of the student's education record(s) within a reasonable time at the cost of \$.25 per page.

The records requested are as follows:

_____ Official administrative record (name, address, birth certificate, grade level completed, grades, grading, scale, credits earned, attendance, discipline)

_____ Transcripts

_____ Standardized test data

_____ Attendance records

_____ Discipline records

_____ Health/Medical records

_____ Special Education records

_____ All IEP documents

_____ Individual teachers' records

_____ Service providers' records (e.g. occupational therapists, physical therapists, psychologists)

_____ Tapes of meetings

_____ Other (please specify) _____

I understand that the information to be released may include material that is protected by state and/or federal law. My signature verifies that I am legally entitled to review and receive all such information.

Signature (Parent or guardian of student, or student if aged 18 or over)

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____