

APPLICATION TO REVIEW STUDENT'S RECORDS
AND CONSENT THERETO BY PARENT OR ELIGIBLE 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 or eligible student.

Signed: _____

Dated: _____

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.

Signed: _____

Dated: _____