



Dublin City School District

Operations
8330 F5
Revised 4/23/09

Student Record Request Form

Name: _____
(Parent/Guardian)

Address: _____

City: _____ State: _____ Zip: _____

Student Name: _____ Age: _____

School: _____ Grade: _____

☐ As the residential parent and/or legal guardian/or legally authorized non-custodial parent of the above named child, I am requesting access to review and/or obtain copies of my child's school records. My child is under eighteen (18) years of age and presently enrolled in the above-named school.

☐ As a student of majority age, I am requesting access to review and/or obtain a copy of my school records.

☐ I wish a COPY of the following record(s): (Specify) _____

☐ I wish to REVIEW the following record(s): (Specify) _____

I understand I will be contacted within _____ days, excluding weekends and holidays, as to when I may view these records. I also understand if I request a copy be made of these records, the copies will be provided to me at cost. I further understand I am not allowed to remove any record(s) from the office where they are maintained.

Signature

Date

The records you wish to review and/or copy will be available on _____ at the administration office.

Custodian of Records (COR)

Receipt/Acknowledgement Form

I hereby acknowledge that I have been given copies of and/or have been permitted to review the school records requested above.

Signature

Date