Parental Request to Access Student Records

Type of Request: **Review** ☐ **Copy** (charges apply) ☐

Name of Student	Please Print
Student I.D. # _____ **Date of Birth**_____	
Name of Parent/Guardian (for students under 18 years of age or "dependent" students, IRS Code 152)	Please Print
School/Location	Please Print

The following records are requested by the parent/guardian/eligible student* for above-named student:

_____

_____

_____

_____

Note: Schools and departments must be given an adequate time period to prepare the records requested. Access to review and/or copies of records will be provided within a reasonable period of time and no later than 30 calendar days from the date of the request.

For Transcripts, see the school registrar.
For Family Counseling Records, see the assigned therapist or Supervisor, Family Counseling Program.

Parent/Guardian/Eligible Student* Signature _____
(*over the age of 18 or emancipated) Sign

Parent's/Guardian's/Eligible Student's Phone number_____

Date Requested	Date(s) of Review / Date Copies Received	

Review Facilitated By: _____ _____
(SBBC Staff) Sign Print

School staff may facilitate faxing this form to a District office if necessary.
#4345
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Risk Management