

### REQUEST TO GAIN ACCESS TO STUDENT RECORDS

Nature of request (Check):  Inspect or review  Obtain copies

1. Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

2. Records requested (specify): \_\_\_\_\_

\_\_\_\_\_

3. Requestor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Status (Check one):

Parent/Legal guardian or custodian

Student whose records are requested

Other\* (specify): \_\_\_\_\_

4. Reason for request: \_\_\_\_\_

5. Date of request: \_\_\_\_\_

6. Signature of requestor (if available): \_\_\_\_\_

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**ACTION ON REQUEST**

Request (check one):  Granted

Denied (specify reason):

Records furnished (specify): \_\_\_\_\_

\_\_\_\_\_ Amount charged  
Date furnished: \_\_\_\_\_ for copies: \_\_\_\_\_

Furnished by: \_\_\_\_\_ Title: \_\_\_\_\_

\***Notice:** Student records obtained under this request remain subject to the requirements of the federal "Family Educational Rights and Privacy Act of 1974." which requires written parent or student consent before the records may be shared with any other party.