

SAYDEL COMMUNITY SCHOOL DISTRICT

REQUEST FOR EXAMINATION OF STUDENT RECORDS

To: _____ Address: _____
Board Secretary

The undersigned desires to examine the following official education records.

of, _____, _____, _____
(Full Legal Name of Student) (Date of Birth) (Grade)

(Name of School)

My relationship to the student is: _____

(check one)

_____ I do
_____ I do not

desire a copy of such records. I understand that a reasonable charge will made for the copies.

(Signature)

APPROVED:
Signature: _____
Title: _____
Dated: _____

Date: _____
Address: _____
City: _____
State: _____ Zip _____
Phone Number: _____