

STUDENT RECORDS REQUEST FORM FOR PARENTS OR STUDENTS

The undersigned hereby requests permission to examine and/or receive copies of the North Scott Community School District's official student records of:

\_\_\_\_\_  
(Legal Name of Student) (Date of Birth)

The undersigned requests to examine and/or receive copies of the following official student records of the above student:

\_\_\_\_\_  
\_\_\_\_\_

The undersigned certifies that they are the parent and/or legal guardian or of the above student or that they are the above student.

The undersigned (*check one*):

- does want copies of the above-stated student records. I understand that the District may charge me a reasonable fee for copies.
- does not want copies of the above-stated student records.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

APPROVED:	Date: _____
Signature: _____	Address: _____
Title: _____	City: _____
Dated: _____	State: _____ ZIP: _____
	Phone Number: _____

Approved: February 22, 1993  
 Reviewed: April 24, 2017  
 Revised: January 28, 2013  
 Renamed: January 28, 2013