

Request to Review and Inspect Student Records

Name of Student: _____ Date of Birth: _____

Grade: _____ Teacher: _____ School: _____

I. REQUEST TO REVIEW AND INSPECT STUDENT RECORDS

I hereby request an opportunity to review and inspect (my, my child's) record named above, at a time mutually convenient to me and to the principal of _____ School. I understand that this request will be honored within a maximum of forty-five days and that the principal of the school shall establish the time for the review. I also understand that this request will be kept permanently with my child's cumulative folder.

Signed: _____ Approved: _____
Parent/Student (if 18 or over) Principal/Superintendent's Designee Date/Time

II. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION INCLUDING COPIES

I hereby give my consent for release of information from (my permanent record, my child's permanent record) identified above, as follows:

Records/Information to be Released: _____

Reason for Release: _____

Person(s) or Agency to whom the Record is to be Released:

Signed: _____ Approved: _____
Parent/Student (if 18 or over) Principal/Superintendent's Designee Date/Time

III. REQUEST FOR DELETION OF MATERIAL OR INFORMATION IN PERMANENT RECORD

I hereby request that the following material/information which is (inaccurate, misleading, inappropriate) be deleted from (my, my child's) permanent record.

Identification of material/information for which deletion is requested:

Reason(s) for requested deletion: _____

Signed: _____ Hearing Date/Time: _____
Parent/Student (if 18 or over)

Disposition of Request: _____

Principal/Superintendent's Signature: _____

IV. CONSENT FOR RELEASE OF OTHER PERSONALLY IDENTIFIABLE INFORMATION
REQUEST TO COPY MATERIAL IN A SCHOOL RECORD

I hereby request permission of the Superintendent of Schools to release/to make a copy of certain materials/information (other than transcript) in (my, my child's) permanent record as follows:

Materials to be Released/Copied: _____

Reason(s) for Requesting Release/Copy: _____

Person(s) to Whom Copies are to be Delivered: _____

Signed: _____
Parent/Student (if 18 or over)

Superintendent Signature: _____

V. CONSENT FOR REVIEW BY A THIRD PARTY

I hereby give my consent for review of information from (my permanent record/my child's permanent record) identified above, as follows:

Records/Information to be Reviewed: _____

Reason for Review: _____

Person or Agency by whom the Record is to be Reviewed: _____

Signed: _____ Date: _____
Parent/Student (if 18 or over)

Approved: _____ Date/Time of Review: _____