

REQUEST FOR EXAMINATION OF EDUCATION RECORDS

To: _____ Address: 315 Division Street; Jewell, IA 50130
Board Secretary (Custodian)

The undersigned desires to examine the following official education records.

of _____ , _____
(Full Legal Name of Student) (Date of Birth) (Grade)
_____ at South Hamilton Community School District

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 may be made for the copies.

(Parent's Signature)

APPROVED:

Date: _____

Address: _____

Signature: _____

City: _____

Title: _____

State: _____ ZIP _____

Dated: _____

Phone Number: _____