

STUDENT RECORD REQUEST FORM FOR STUDENTS AND PARENTS

The undersigned hereby requests permission to examine and/or receive copies of the Interstate 35 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 school 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: _____
:	City: _____
Title: _____	State _____ ZIP: _____
Dated: _____	:
_____	Phone _____
	Number: _____