

**504.1RFS STUDENT RECORDS REQUEST FORM FOR STUDENTS OR PARENTS**

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

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

The undersigned requests to examine and/or receive copies of the following official students records of 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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

Approved: \_\_\_\_\_

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*Adopted: 12/13/10  
\*Reviewed: 04/08/13  
\*Reviewed: 10/9/17  
\*Revised:10/10/22

