

**REQUEST TO INSPECT SCHOOL RECORDS**

Date of Request: \_\_\_\_\_ Date Received by School Office \_\_\_\_\_

Name of School & School Building Official: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Address and Phone Number of Requester: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, as parent or legal guardian of

\_\_\_\_\_ (name of student) request the opportunity to inspect and

review the school records of my child. \_\_\_\_\_ (signature and relationship to student)

\_\_\_\_\_

I, the undersigned, have inspected and reviewed the records of \_\_\_\_\_ (name of student)

and I wish to challenge the inclusion of the following documents that are contained in the records for the reasons stated below:

Record(s) challenged: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(signature and relationship to student)

I do \_\_\_ /do not \_\_\_ desire a copy of such records. I understand that a reasonable fee may be charged for the copies. (A small fee of .10 cents per copy may be charged to cover costs. If records are mailed, a fee is charged to cover postage. **All fees must be paid prior to release of copies of public records.**)

Copy Fee: \_\_\_\_\_ Postage Fee: \_\_\_\_\_ **TOTAL FEE:** \_\_\_\_\_

Approved: \_\_\_ Disapproved: \_\_\_ Reason(s) for Disapproval: \_\_\_\_\_

Signature of Official Approving/Disapproving Request: \_\_\_\_\_

Date: \_\_\_\_\_ Date Notification Sent: \_\_\_\_\_