

MOUNTAIN HOME SCHOOL DISTRICT 193

70 North 3rd East Mountain Home, Idaho 83647-1390

James G. Gilbert, Superintendent (208) 587-2580 FAX (208) 587-9896 www.mtnhomesd.org

REQUEST TO INSPECT SCHOOL RECORDS (681F6)

Date of Request:	Date Received by School Office
Name of School & School Building Official:_	
Name of Requester:	
Address and Phone Number of Requester:	
	, as parent or legal guardian of request the opportunity to inspect and
review the school records of my child.	(signature and relationship to student)
I, the undersigned, have inspected and reviewe	ed the records of
	lowing documents that are contained in the records for the reasons stated
Record(s) challenged:	
Reasons:	

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.)		
Postage Fee:	TOTAL FEE:	
Reason(s) for Disappro	oval:	
Signature of Official Approving/Disapproving Request:		
Date Notification Sent:		
	e charged to cover costs. If record f copies of public records.) Postage Fee: Reason(s) for Disapprooving Request:	