

REQUEST FOR REVIEW OF STUDENT RECORDS

To the Principal:

I, _____ (Parent) (Guardian) (Student),
(Name of Person Requesting Records)

request a review of the student records for my child, _____ .
(Name of Student)

It is my understanding that this review will be scheduled with you and/or other school representatives. The review will be scheduled as soon as possible at a mutually agreeable time.

I understand that I may review and inspect material in the student file and may have a copy of such information, but that I may not remove information from the file. If, however, the file contains information which I believe should not be included, I understand that I may request a hearing for the purpose of presenting my case for elimination of material from the student records.

I certify that I am the (Parent) (Guardian) (Student 18 years of age or older) and have the legal right to inspect these student records.

_____	_____
Date Request Received	Signature of Person Requesting Records
_____	_____
Signature of Principal	Address of Person Requesting Records

	Address cont.
_____	_____
Telephone Number	Date