

REQUEST FOR EXAMINATION OF STUDENT RECORDS

To: Board Secretary (Custodian) **Address:** 1450 370th AVE, Goose Lake, IA 52750

The undersigned desires to examine the following official education records.

Of _____
(Full Legal Name of Student) (Date of Birth) (Grade)

(Name of School)

My relationship to the student is: _____

(check one)

I do
 I do not

desire a copy of such records. I understand that a reasonable charge may be made for the copies.

(Parent's Signature)

Address: _____ City: _____ State: _____ ZIP: _____

Date: _____ Phone Number: _____

APPROVED

Signature: _____

Title: _____

Date: _____