

REQUEST TO ACCESS STUDENT RECORDS

Name: _____

Address: _____

Telephone: _____

Email: _____

Date of Birth: _____

I hereby request access to my student records.

Student signature:

Date:

Office use only

Student identification sighted: Yes/No

(Access to records cannot be provided unless student identification is sighted)

Type of identification provided: _____

Document id: _____

Staff name: _____

Date: _____

Approved by Director: _____
(Signature)

Date: