

**NOTICE TO PARENTS OF
ACCESS TO RECORDS REQUEST**

To: _____ concerning the school records
(Parent's/Guardian's Name)

of _____
(Student's Name)

This is to notify you that a request to have access to the school records of your child has been made by _____
_____ for the following purposes:

These records will not be released without your written permission. If you wish for the records to be released to this individual or agency, please complete the enclosed authorization form and return it to the principal's office. If you wish to release these records, it is your right to examine them prior to their release.

Date

Signature of School Principal

Name of School