



TROY CITY SCHOOL DISTRICT

APPLICATION TO REVIEW STUDENT'S RECORDS AND CONSENT THERETO BY PARENT OR STUDENT

APPLICATION

I, _____ have
hereby requested access to _____
records for the following reasons:

Said records will not be made available to any other person or persons without the
specific written consent of _____.
(Parent – Student)

Signature: _____ Date: _____

CONSENT

I hereby consent that _____
have access to my child's (to my) records with the understanding that such records will not be
released by him/her to other persons without my further consent.

Signature: _____ Date: _____

If the Parent/Guardian/Student giving consent is not signing this form in person in the
presence of a school district official, then the signature of the Parent/Guardian/Student must also
be notarized below by a Notary Public. If the form is being signed in the presence of a school
official, notarization is not required.

Sworn to before me
this ____ day of 20 __.

Notary Public

E-5500
Rev. 6-5-13