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