



Board of Education

475 First Street
Troy, New York 12180
(518) 328-5070
boe@troycsd.org

Exhibit 5500-E.4

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

APPLICATION:

I, _____ have hereby request access to records for:

Student's Name: _____ Date of Birth: _____

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