

NEVADA COMMUNITY SCHOOL DISTRICT BOARD POLICY

STUDENTS – SERIES 500

Subseries 506: STUDENT RECORDS

CODE #506.1E5

REQUEST FOR EXAMINATION OF STUDENT RECORDS

To: _____ Address: _____

Board Secretary (Custodian)

The undersigned desires to examine the following official education records.

of _____ , _____
(Full Legal Name of Student) (Date of Birth) (Grade)

NEVADA COMMUNITY SCHOOL DISTRICT

(Name of School)

My relationship to the student
is: _____

(check one)

_____ I do
_____ I do not

desire a copy of such records. I understand that a reasonable charge may be made for the copies.

(Parent's Signature)

APPROVED:

Signature: _____

Title: _____

Dated: _____

Date: _____

Address: _____

City: _____

State: _____ ZIP _____

Phone Number: _____