FORM A: REQUEST TO INSPECT RECORDS  
(Applicable only to parents of students under 18)

I, _____________________________________________, the parent or legal guardian of
(Name) ________________________________________, a student at _____________, ________________________ Public Schools,
(School) ______________________________________

1. Request to inspect the records of the above student at the above school on _______ in the
(date) _______ (time) principal's office or such other reasonable time and place as the principal may indicate.

OR

2. If I and the above-mentioned student no longer live in the school district, I request that the records be sent
   to me at the following address:

   Name _____________________________________________
   Street Address ________________________________________
   City, State, Zip ________________________________________

   Enclosed is $__________ for reproduction and mailing.

   Signature

The portion below this line may be completed but is not required by law.

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INSPECTION REPORT   Date ___________________________

The above student's education record was inspected on this date.

Remarks (if any): ________________________________________

________________________________________________________

Signature of Parent or Guardian

________________________________________________________

Signature of Principal

Adoption Date: _______  Revision Date(s): _______  Page 1 of 1