

Risk Management

## **Parental Request to Access Student Records**

Type of Request: Review _	Copy (charges apply)
Name of Student	Please Print
Student I.D. #	Date of Birth
Name of Parent/Guardian (for students under 18 years of age or "dependent" students, IRS Code 152)	Please Print
School/Location	Please Print
The following records are requested b student:	y the parent/guardian/eligible student* for above-named
records requested. Access to review	nust be given an adequate time period to prepare the ew and/or copies of records will be provided within a ter than 30 calendar days from the date of the request.
For Transcripts, see the school registre For Family Counseling Records, see t	rar. the assigned therapist or Family Counseling Coordinator.
Parent/Guardian/Eligible Student* (*over the age of 18 or emancipated)  Parent's/Guardian's/Eligible Student's	Sign
Date Requested	Date(s) of Review / Date Copies Received
-	
Review Facilitated By:	
(SBBC Staff)	Sign Print
School staff may facilitate faxing this	form to a District office if necessary.
#4345 [04/14]	