

**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 _____, Fairview Public Schools,
(Name) (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.

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