Board File: JRA/JRC-E-2

REQUEST TO INSPECT AND REVIEW STUDENT RECORDS BY PARENT/GUARDIAN/ELIGIBLE STUDENT

Student Name:		Date:
Date of Birth:		
I hereby request:		
an opport	unity to inspect and review the student's edu	acation records.
NOTE provid	the student's education records E: Upon a parent/guardian/eligible student be one copy of the student's education recor f \$.25 per page.	
The records requested ar	e as follows:	
scale, credits	ative record (name, address, birth certificate, earned, attendance, discipline)	, grade level completed, grades, grading,
Transcripts	•	
Standardized test		
Attendance records		
Health/Medical re		
Special Education		
All IE		
	dual teachers' records	
	e providers' records (e.g. occupational thera	pists, physical therapists, psychologists)
	of meetings	
Other (please spec	eify)	
	ormation to be released may include material re verifies that I am legally entitled to review	
Signature (Parent or gua	rdian of student, or student if aged 18 or ove	er)
Street Address:		
City, State, Zip:		
Phone Number:		
Fax Number:		
Email Address:		
Douglas County School	District Re. 1, Castle Rock, Colorado	© DCSD Revised 9/2009
For Office Use Only: Dat		Received by:
l Dat	e Records Made Available	Provider's Name