

PANORAMA COMMUNITY SCHOOL DISTRICT  
PARENTAL REQUEST FOR EXAMINATION OF STUDENT RECORDS

TO: \_\_\_\_\_  
**Principal (Custodian)**  
\_\_\_\_\_  
**(School)**

The undersigned desires to examine the following official educational records.

of \_\_\_\_\_ ,  
**(Full Legal Name of Student)**    **(Date of Birth)**    **(Grade)**

My relationship to the child is: \_\_\_\_\_

I do \_\_\_\_\_ I do not \_\_\_\_\_ desire a copy of such records. I understand that a reasonable charge will be made for the copies.

\_\_\_\_\_  
**(Signature)**  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

**Approved:** \_\_\_\_\_