

APPENDIX G

Independent School District No. 279
Osseo Area Schools

REQUEST FOR ACCESS TO RECORDS

To the student, his/her parent(s) or guardian(s):

Please complete this request form and give it to the building Principal. When you review the records, you may ask for an explanation or interpretation of any of the information in the records. You may ask for a copy of any of the information and you will be charged no more than the actual cost of reproducing it. If you should find inaccurate or misleading information in the record you may ask to have it corrected. Please ask questions if there is anything you do not understand.

Date: _____

I, _____ request that I may see the student records of

_____, grade _____

school _____, birthdate _____

Relationship to the student: _____

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Request granted, denied (delete one)

You may see the records you have requested on _____

at _____ in _____

Date: _____

(signature of responsible authority)