

SAMPLE RECORDS REVIEW REQUEST

Street Address
City, State, Zip

Date

Principal/Administrator
School District
Street Address
City, State, Zip

Dear (Name):

I would like to review any and all educational records held in any and all forms by Name School District for my son/daughter, Name , Child's Birth Date . This request is made pursuant to (State Regulation #), PL 105-17, Section 615 (b).

I understand that someone will be available to answer any questions I may have regarding my son's/daughter's school records.

I look forward to meeting with you in the near future. If you have any questions, please call me at (telephone number).

Sincerely,

(Signature)

Typed Name

Be sure a written request is sent certified or hand carried and a receipt received.

(Remember to keep a copy for your file and indicate to whom you are sending copies by "cc" at bottom of letter).