

RECORD OF ACCESS TO EDUCATIONAL RECORDS

NAME OF CHILD:

STUDENT ID:

FIRST/MIDDLE/LAST

BIRTHDATE:

DISTRICT/AGENCY:

PARENT(S):

PHONE: (WORK)

(HOME)

(OTHER)

HOME ADDRESS:

STREET ADDRESS/P.O. BOX

CITY

STATE

ZIP

PRINT NAME	SIGNATURE	PURPOSE FOR ACCESSING RECORDS	DATE