

The undersigned hereby requests permission to examine and/or receive copies of the Monticello Community School District's official student records of:

_____ (Legal Name of Student)

_____ (Date of Birth)

The undersigned requests to examine and/or receive copies of the following official student records of the above student:

The undersigned certifies that they are the parent and/or legal guardian or of the above student or that they are the above student.

The undersigned (check one):

- does want copies of the above-stated student records. I understand that the District may charge me a reasonable fee for copies.
- does not want copies of the above-stated student records.

_____ (Signature)

_____ (Printed Name)

APPROVED:	Date: _____
Signature: _____	Address: _____
Title: _____	City: _____
	State: _____ ZIP: _____
	Phone Number: _____

Adopted: 03/15/04

Reviewed: 12/22/08; 11/28/16

Amended: 12/18/13