

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

Adopted: 03/15/04

Reviewed: 12/22/08; 11/28/16; 6/27/22; 6/23/25

Amended: 12/18/13