



Student Record Request Form

Date of Request	School Name	
Student Name	Address	
Parent/Guardian Name (please print)		Telephone Number
Email Address		

- I request an appointment to inspect the student record.
- I request a copy of the student records.

Parent/Guardian Signature

Date

Signature of Student
(if over 14 years of age/grade 9)

Date

FOR OFFICE USE ONLY

Date of Request Received	Received by
Date Access/Copy provided	Provided by