

MUSCATINE COMMUNITY SCHOOL DISTRICT BOARD POLICY

506.1E5 Request for Examination of Education Records

TO: Board Secretary (Custodian of Records)
Muscatine Community School District
2900 Mulberry Avenue
Muscatine, Iowa 52761

The undersigned desires to examine the following official education records.

(Full Legal Name of Student) _____ (Date of Birth) _____

(Name of School) _____ (Grade) _____

My relationship to the child is: _____

(check one)

☐ I do

☐ I do not

desire a copy of such records. I understand that a reasonable fee may be charged for the copies.

Signature

Date

Address

City, State, Zip

APPROVED:

Signature

Date

Title