

EDUCATION**ACCESS TO STUDENT RECORDS**

If your child does not live with you but you have access rights and would like to receive information from your child's school, please complete the following.

Child's name and
date of birth _____

Your name _____

Your relationship
to the child* _____

Your address _____

Your phone number _____ *Work* _____ *Home* _____

Your cell phone number _____

I confirm that there is no order barring my access to the above-named student.

I am aware that I may be required to bear any extraordinary expenses incurred by the school in providing me with the requested information.

Signature Date

Please contact your child's school to make arrangements regarding the information you wish to receive.

*For your and your child's protection, you may be required to provide identification and to demonstrate proof of your relationship with the child, if the school has no other means to verify this. Proof of your relationship may be by means of a copy of your child's birth certificate, Medicare card or other reasonable proof.

**NOTE TO SCHOOL STAFF:
WHEN COMPLETE, THIS FORM IS TO BE KEPT IN THE STUDENT'S CUMULATIVE RECORD FOLDER AND MAINTAINED UNTIL IT NO LONGER APPLIES.**