

Monroe 2-Orleans BOCES
REQUEST BY PARENT/LEGAL GUARDIAN OR ELIGIBLE STUDENT
TO EXAMINE AND COPY RECORDS

TO: RECORDS ACCESS OFFICER

I, _____, hereby request that I be
allowed to review and make copies of the following records pertaining to:

☐ myself

☐ my student _____
(Name)

Name (printed)

Signature of Parent/Legal Guardian or Eligible Student Date

I affirm that I am the parent/legal guardian of the student and, therefore, am authorized to receive such records under FERPA.

(To be kept by the Records Access Officer so as to indicate the date a particular record was requested for the purpose of the 45-day period. If a person refuses to fill out a written request, access cannot be denied. In those cases, the Records Access Officer should complete this form.)

Adopted: 3/18/2016
Reviewed: 9/19/2018
Reviewed: 8/18/2021
Reviewed: 8/21/2024