

**APPENDIX G**

Independent School District No. 279  
Osseo Area Schools

**REQUEST FOR ACCESS TO RECORDS**

To the student, his/her parent(s) or guardian(s):

Please complete this request form and give it to the building Principal. When you review the records, you may ask for an explanation or interpretation of any of the information in the records. You may ask for a copy of any of the information and you will be charged no more than the actual cost of reproducing it. If you should find inaccurate or misleading information in the record you may ask to have it corrected. Please ask questions if there is anything you do not understand.

Date: \_\_\_\_\_

I, \_\_\_\_\_ request that I may see the student records of

\_\_\_\_\_, grade \_\_\_\_\_

school \_\_\_\_\_, birthdate \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

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Request granted, denied (delete one)

You may see the records you have requested on \_\_\_\_\_

at \_\_\_\_\_ in \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(signature of responsible authority)