

Woodridge Local School District

REQUEST TO INSPECT AND REVIEW STUDENT RECORD

Name _____
Parent or Guardian

Address _____

Name _____ Grade _____ Age _____
Student

School _____

- () As the parent of the above named child, I am requesting access to review and inspect my child's school record. My child is under eighteen (18) years of age and presently enrolled in the above named school.

- () As a student of majority age, I am requesting access to review and inspect my school record.

The specific records I wish to review are _____

Signature _____

Date _____