

**PINE-RICHLAND SCHOOL DISTRICT
REQUEST FOR INSPECTION AND REVIEW OF EDUCATIONAL RECORDS**

Inspection And Review Of Educational Records

Parents and legal guardians of PRSD students, and students who are eighteen (18) years of age or older, may inspect and review the student's educational records. Any parent/guardian or eligible student desiring to review a student's educational records must complete this request form and submit it to the principal of the school where the student is enrolled or was previously enrolled. Within thirty (30) days of the receipt of this request, the school principal will notify the requesting party of the time and place where the records can be inspected. All appointments to inspect and review educational records will occur on PRSD's premises, except to the extent expressly provided below.

Off-Site Review Of Tests And Exams

Upon approval of the school principal and the Superintendent, a copy of a Locally Developed Examination may be provided to a requesting parent/guardian or eligible student for review at an off-site location. In order to ensure the privacy and security of such documents, and to prevent their unauthorized copying and distribution, any individual requesting a copy of a Locally Developed Examination must agree to return the records to the school principal within forty-eight (48) hours of receipt. In addition, the individual requesting a copy of a Locally Developed Examination must agree not to reveal, show, disclose or otherwise provide the document(s) to any other individual. The requesting party's signature on this form evidences his/her understanding of and agreement to comply with these requirements.

Locally Developed Examinations means examinations or other assessment materials that are created or adapted for use by a PRSD teacher or teachers and which are utilized by said teacher or teachers to assess student progress in a particular course or subject of academic study; provided, however, that the term Locally Developed Examination shall not include any mid-term or final examination or test given in a particular course or subject of study.

1. Name of Student: _____
 2. Name of Individual Making Request: _____
 3. Relationship to Student: _____
 4. Description of Records Requested: _____
- _____
- _____

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5. Are you requesting a copy of a Locally Developed Examination for off-site review?

YES

NO

If you are requesting an off-site review, please sign and date the acknowledgment below:

I, the undersigned, acknowledge that I am being provided with a copy of the Locally Developed Examination described in this request. I agree that I will return these documents to PRSD within forty-eight (48) hours after they are provided to me. I further agree that I will hold such documents, and any information contained therein, in full confidence, and that I will not share, disclose, copy or provide such documents to any other individual. I further acknowledge that the copying or distribution of the records provided to me by the PRSD is strictly prohibited, and agree that I will not make or retain any copies of the records provided to me in accordance with this request.

Name

Date

INTERNAL USE ONLY

On-Site Inspection:

Date: _____ Time: _____

Location: _____

Off-Site Review:

Approved: YES NO

Date of Release: _____

Date Returned: _____

Signature of Principal: _____

Signature of Superintendent (if required): _____