

GILMER COUNTY SCHOOLS
Board of Education Office
Courthouse Annex
201 N. Court Street
Glennville, WV 26351
Phone: 462-7386

Consent to Review Student Records

Student Name _____

Student Address _____

School _____

Person Requesting _____

Relation to Student _____

I hereby request _____ School to provide an opportunity for _____ to review the following school records of _____
(Student's name)

Specify which records:

The purpose or purposes of this review are:

Signature _____

Date _____

Do not complete this section until records are reviewed.

I have reviewed _____ school records on
(Student's name)

(date)

Signature _____
(Person who reviewed records) Date

Signature _____
(Principal or Designate) Date

This consent is required by Public Law 93-380 (8/21/74)

To be filled out in duplicate - original to be placed in student record