MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT
REQUEST BY PARENT/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 son/daughter ____________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

Dated: _____________________________

____________________________________________________________
Signature of Parent/Guardian or Eligible Student

(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.)