Pittsford Central School District Pittsford, New York 14534

Application to Review Student Records

Student's Name:			
Student's Address:			
Telephone:			
Please check:	Parent (Guardian)	Student	
The record(s) whic	h I want to review are:		
SIGNATURE:			Date:
	****	* * * * * * * * * * * *	
SIGNATURE an	d TITLE OF STAFF MEMB	ER(S) PRESENT WHEN	N RECORDS WERE REVIEWED
			Date:
			Date:
			Date:

Procedures for Review of Student Records by Parent, Guardian or Student

- 1. Requests to review student records are made by completing a "Request to Review Student Records" form located in each building's main office and submitting it to the building principal.
- 2. Within two (2) school days, the building principal or his/her designee will contact the parents to schedule an appointment to review the records.
- 3. The building principal, school counselor or school nurse will be present during the appointment to answer any questions that the parent, guardian or student may have regarding the school records, and to ensure records remain intact.
- 4. Requests for copies of selected documents may be made during the appointment. The copies will be made within two (2) school days at the current fee rate. The parent, guardian or student will be contacted when the copies are made.

(This form should be kept by the School Principal)