Request to Review School Records

By Parent, Guardian, or Eligible Student (age 18 or over)



Grade or Gradu	ation Year:	
School:		
ent of the age of 18	years or ov	er
Support Services or	designee t	he stated
Relationship to S	Student	
City	State	Zip Code
ing day:		
r request within 45 o	days. This o	completed
ding		
rnard Street shington 99201-028	32	
or receive copies of th	ne records re	quested.
	School: It access to the recover relationship to the lent of the age of 18 arollment history, attended or 504, psychological erson requesting sar Support Services or sof guardianship mand Relationship to 50 are request within 45 arolling length of the l	ent of the age of 18 years or overollment history, attendance sure or 504, psychological evaluation erson requesting same must est Support Services or designee to sof guardianship must also be Relationship to Student City State ing day: In request within 45 days. This of shington 99201-0282 For receive copies of the records resorted in the student of the studen

Form 02-0014 Rev. 12/2021 Retention: Enrollment Web Form 02-0014W

200 North Bernard Street

Spokane, Washington 99201

Phone: (509) 354-7393

Administration Building