Code No. 506.1E4

REQUEST FOR EXAMINATION OF EDUCATION RECORDS

To : Jennifer Dunn Address: 912 Woodland Ave. Riceville, IA 50466

The undersigned desires to examine the following official education records

_____

_____

_____of

(child's name)_____, DOB:_____ Grade:_____

Riceville Community School

My relationship to the child is:_____

(check one) ( ) I do

( ) I do not

Desire a copy of such records. I understand that a reasonable charge may be made for the copies.

Signature:_____

Title:_____

Agency:_____

Date:_____

Address:_____-_____

City:_____

State:_____ Zip:_____

Phone Number:_____

APPROVED

Signature:_____

Title:_____

Dated:_____

Approved: _____ Reviewed: September,15, 2025 Revised: July 18, 2022