

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 oppor-  
tunity 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