

**BOARD OF EDUCATION, DISTRICT 148  
DOLTON, COOK COUNTY, ILLINOIS**

**VIEWING OF STUDENT RECORDS**

I, \_\_\_\_\_, hereby request to view the records concerning my child, \_\_\_\_\_. I understand that a professional staff member from School District #148 will be present to interpret to me any of the material contained in the record. According to School Board Policy 4090 any request for copy of a record will cost 35¢ per page.

Signature of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Date of Record Examination \_\_\_\_\_

P-3  
4/05