



MOUNTAIN HOME SCHOOL DISTRICT 193

470 North 3rd East Mountain Home, Idaho 83647-1390

James G. Gilbert, Superintendent
(208) 587-2580
FAX (208) 587-9896
www.mtnhomesd.org

REQUEST TO INSPECT SCHOOL RECORDS

Date of Request: _____ Date Received by School Office _____

Name of School & School Building Official: _____

Name of Requester: _____

Address and Phone Number of Requester: _____

I, _____, as parent or legal guardian of

_____ request the opportunity to inspect and
(name of student)

review the school records of my child. _____
(signature and relationship to student)

I, the undersigned, have inspected and reviewed the records of _____
(name of student)

and I wish to challenge the inclusion of the following documents that are contained in the records for the reasons stated below:

Record(s) challenged:

Reasons:

(signature and relationship to student)

I do ____/do not ____ desire a copy of such records. I understand that a reasonable fee may be charged for the copies.
(A small fee of .10 cents per copy may be charged to cover costs. If records are mailed, a fee is charged to cover postage.
All fees must be paid prior to release of copies of public records.)

Copy Fee: _____ Postage Fee: _____ **TOTAL FEE:** _____

Approved: _____ Disapproved: _____ Reason(s) for Disapproval: _____

Signature of Official Approving/Disapproving Request: _____

Date: _____ Date Notification Sent: _____

ADOPTED: May 21, 2002
Reviewed: November 15, 2016

Reviewed: February 21, 2006
Reviewed: November 13, 2019

Revised: September 21, 2009
Reviewed: January 18, 2022

Revised: January 17, 2012