

POCATELLO/CHUBBUCK SCHOOL DISTRICT NO. 25  
3115 Pole Line Road  
Pocatello, ID 83201  
(208) 232-3563, Fax (208) 235-3280

**Request for Review of Educational Records**

Requester's Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Address of Student \_\_\_\_\_

Requester's Relationship to Student \_\_\_\_\_

This school shall provide the eligible student/parent/guardian the right to inspect and review the educational records of the student no later than 5 business days after this request.

Individuals with Disabilities Education Act (IDEA) application? \_\_\_Yes \_\_\_No  
(If yes, this request form must be processed in the same manner as a confidential student record.)

Requester's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Request reviewed by: \_\_\_\_\_

Request Granted: \_\_\_\_\_

Request Denied: \_\_\_\_\_

If Denied, state reason: \_\_\_\_\_

Meeting to review educational records has been scheduled for:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Requester notified of meeting date, time, and location: Yes