



# TYLER INDEPENDENT SCHOOL DISTRICT

## NOTIFICATION OF APPROVAL/DENIAL OF REQUEST TO INSPECT EDUCATION RECORDS

TO: \_\_\_\_\_  
Name of Person who made the request

\_\_\_\_\_  
Address of Person who made request

FROM: Name of Campus

For Office Use Only	
Date notification sent:	
Notification sent via:	
Date copies mailed:	
Date copy fee received:	
Amount of copy fee received:	
Completed by:	

Date

Your request to inspect the education records of \_\_\_\_\_ was received in my office on \_\_\_\_\_.

Your request was:  approved  denied

- The education records will be available for your inspection at \_\_\_\_\_ during business hours, Monday-Friday, 8:00 a.m. to 3:30 p.m.
- As you requested, copies of the education records will be mailed to you at the address indicated on your request form no later than ten (10) days after this office receives a copying fee of \$\_\_\_\_. Please make your check payable to Tyler ISD and send your check to \_\_\_\_\_.

The reason your request was denied is: \_\_\_\_\_

If you have any questions regarding this notification, please contact me at the address indicated above or call (903) 262-\_\_\_\_.

Sincerely,

Name  
Title