REQUEST FOR ACCESS TO STUDENT MEDIA CENTER CIRCULATION RECORDS

Persons requesting access to student media center circulation records shall submit the following information to the school media specialist.

Date:	Name:	
	Title:	
Student(s) Records Requested:		
Purpose for Access:		
Number of Copies Requested:	ccess:	
Request Approved Deni	ied Fee Paid:	
By:		
By:School Media Specialist Name	School Media Specialist Signature Date	

ADOPTED: 6/9/00

Reviewed: 12/4/03, 11/6/08, 5/3/12, 1/4/18