## VALLEY SCHOOL DISTRICT

SPECIAL EDUCATION

555 West Valley Rd, Yakima, WA 98902

Phone: (509) 456-8596 Fax: (509) 658-9856

PURPOSE: The district shall keep a record of access to education records collected, maintained, or used. However, the district is not required to keep a record of access by parents, adult students, and authorized employees of the school district or other public agency with a legitimate educational interest in the records.

Record	of Fil	e Access
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Student name	Jason Patterson	Birth date	e <u>2/6/2002</u>	Student	#	49	
Serving school	Alder Elementary	Age	<u>6 y 9 m</u>	Gender	_M_	_ Grade _	_1
Home school							

## Date of Access Name of Reviewer

**Purpose for Review of Files** 

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