



MSCS DIVISION OF EARLY CHILDHOOD

STUDENT RECORD CHECK FORM



PURPOSE: To maintain all confidentiality as it pertains to the reviewing, removing, and protection of the families' rights the areas of Health, Education, Family Service's Records and other pertinent family information.

Student's Name: _____

Date of enrollment: _____

NAME	POSITION	DATE	REASON FOR CHECKING RECORD	RETURN DATE	INITIALS