

SCHOOL DISTRICT OF MAYVILLE

333-Exhibit(1)

**REQUEST TO INSPECT A SURVEY
AND/OR RELATED INSTRUCTIONAL MATERIALS FORM**

Student's Name _____

To be Completed by Parent/Guardian

Parent/Guardian: _____

Date of Request: _____

Address: _____

Telephone: _____

City: _____

State: _____ Zip: _____

Received by: _____

Date Received: _____

Position/Title: _____

Building: _____

As per School District of Mayville policy, I/we request to inspect: (check all that apply)

- A survey being administered or distributed to my/our child.
- Instructional materials used in connection with a survey being administered or distributed to my/our child.

Parent/Guardian Signature

Parent/Guardian Signature

APPROVED BY THE BOARD: August 2007
ADOPTED BY THE BOARD: September 2007