

Student Records Request Form for Non-Students or Non-Parents

The undersigned hereby requests permission to examine and/or receive copies of the District's official student records of:

Legal Name of Student

Date of Birth

The undersigned requests to examine and/or receive copies of the following official student records of the above student:

The Undersigned certifies that they are (check one):

- An official of another school system in which the student intends to enroll
- An authorized representative of the Comptroller General of the United States
- An authorized representative of the Secretary of the U.S. Department of Education Amendments of 1974
- An official of the Iowa Department of Education
- A person connected with the student's application for, or receipt of, financial aid. (specify details:_____)

The undersigned (check one):

- Does want copies of the above-stated student records. I understand that the District may charge me a reasonable fee for copies.
- Does not want copies of the above-stated records.

The undersigned agrees that the information obtained will only be re-disclosed consistent with state or federal law without the written permission of the parents of the student or the student if the student is of majority age.

Signature

Title

Agency

APPROVED: _____

Date: _____

Signature: _____

Title: _____

Printed Name: _____

Department/School: _____

Contact Information:

*Adopted: 12/13/10

*Reviewed: 04/08/13

*Reviewed: 11/13/17

*Revised: 10/10/22