

REQUEST FOR DISCLOSURE OF STUDENT EDUCATIONAL RECORDS

(Completed form to be retained, on file with student records, by appropriate school district administrator cooperating in this disclosure request).

Name of Person, Organization or Agency Making Disclosure Request (Examiner)

Date of Request

Student Name

Description of student records for which disclosure request is made:
_____.

Statement of Examiner: "I certify that I have been informed and agree that the educational records I have requested to be reviewed may not be disclosed nor may the information therein be disclosed to a third party without prior consent."

(Signature of Representative or Person Making Disclosure Request)

(Date)

AUTHORIZATION FOR DISCLOSURE

Permission is hereby granted to _____ to disclose the educational records (school official)

of _____ (student name). I understand that the educational records will be examined by:

_____, and certify that I am fully authorized to grant permission for this disclosure. My relationship with the named student is: _____.

Signature of Person Authorizing Disclosure

Date

RECORD/REPORT OF DISCLOSURE OF STUDENT EDUCATIONAL RECORDS

Date of Disclosure

First Reading: 1-9-17

Second Reading: 2-6-17

Reviewed: 10-30-23 (Policy Advisory Council and Board Policy Committee)