

**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 Organization or Agency Making Disclosure Request

\_\_\_\_\_ Signature of Representative or Person Making Disclosure Request

\_\_\_\_\_ Date of Report

\_\_\_\_\_ Student Name

\_\_\_\_\_ Description of Student Records for Which Disclosure Request is Made

Statement of Relationship or Description of Legitimate Educational Interest of Person Making Disclosure Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR DISCLOSURE**

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

Statement of Examiner: "I certify that I have, on this date, examined the educational records of (student name)\_\_\_\_\_, and that I have been advised that the disclosure of the information to a third party, without prior consent, is prohibited."

\_\_\_\_\_  
(Signature of Examiner) (Date)

Adoption Date: 5/15/14

Amended: 3/21/17