

STUDENT RECORDS REQUEST FORM FOR NON-PARENTS

The undersigned hereby requests permission to examine and/or receive copies of the North Scott Community School 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*):

- (a) An official of another school system in which the student intends to enroll. ()
- (b) An authorized representative of the Comptroller General of the United States. ()
- (c) An authorized representative of the Secretary of the U.S. Department of Education or U.S. Attorney General. ()
- (d) An administrative head of an education agency as defined in Section 408 of the Education Amendments of 1974. ()
- (e) An official of the Iowa Department of Education. ()
- (f) A person connected with the student's application for, or receipt of, financial aid. ()
(*specify details: _____*)

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.

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 student records.

(Signature)

(Title)

(Agency)

APPROVED:	Date: _____
Signature: _____	Title: _____
Name: _____	Department: _____

Approved: February 22, 1993
 Reviewed: April 24, 2017
 Revised: January 28, 2013
 Renamed: January 28, 2013