

### 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 of 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 \_\_\_\_\_ to disclose  
(School official)

the educational records of \_\_\_\_\_. I understand that the education records will be examined by \_\_\_\_\_, and I 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