Request to Review Records

Pursuant to the Family Educational Rights and Privacy Act and/or Part B of the Individuals with Disabilities in Education Act, the following form must be completed whenever a person other than a school official with a legitimate educational interest makes a request to review student records. Persons required to complete this form include parents of students enrolled in the school.

Please note that unless otherwise provided by law, access to student education records will only be granted upon receipt of the written permission of a student’s parent or legal guardian.

# **To be completed by requestor:**

Date of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of student and/or ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s affiliation or relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description of records requested to be reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I hereby agree to keep the information disclosed to me confidential according to all applicable laws and regulations.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be completed by school personnel:***

Status of request: Approved [ ]  Denied [ ]

Reason for approval or denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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School official approving/denying request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

Materials reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Were copies of materials provided? Yes [ ]  No [ ]

Is this a request by a parent/legal guardian? Yes [ ]  No [ ]

If yes, records must be provided within 45 days of the request.

Are these records being requested by a parent/legal guardian or authorized representative in connection with a pending Committee on Special Education meeting or Due Process Hearing? Yes [ ]  No [ ]

If yes, please indicate the date of the meeting/hearing ***[\_\_\_\_\_\_\_\_]*** and note that the records must be provided prior to the meeting/hearing.