

SAYDEL COMMUNITY SCHOOL DISTRICT

REQUEST OF NONPARENT FOR EXAMINATION OR COPIES OF STUDENT RECORDS

The undersigned hereby requests permission to examine the Saydel Community School District's official student records of:

_____ (Legal Name of Student) _____ (Date of Birth)

The undersigned request 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. (____)
- (d) An administrative head of an education agency 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 ABOVE.) (____)

The undersigned agrees that no other person will have access to any records or information obtained through this request without the written permission of the parents of the student, or the student if the student is of majority age.

_____ (Signature)

_____ (Title)

_____ (Date)

_____ (Address)

_____ (City, State & Zip Code)