

REQUEST OF NON-PARENT FOR EXAMINATION  
AND/OR COPIES OF STUDENT RECORDS

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

\_\_\_\_\_  
(Full Legal Name of Student)

\_\_\_\_\_  
(Date of Birth)

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The undersigned requests copies of the following official student records of the above student:  
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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 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 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)

APPROVED:

Date:

Address:

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

City:

Title: \_\_\_\_\_

State: \_\_\_\_\_ Zip:

Dated: \_\_\_\_\_ Phone Number: \_\_\_\_\_