



REQUEST OF NONPARENT FOR EXAMINATION OR COPIES OF STUDENT RECORDS

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

(Legal Name of Student)

(Date of Birth)

The undersigned requests 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. ()
- (g) A representative of a juvenile justice agency with which the school district has an interagency agreement. ()

The undersigned agrees that the information obtained will only be redisclosed 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.

(Signature)

(Title)

(Agency)

APPROVED:

Date: _____

Address: _____

Signature: _____

City: _____ Title: _____

State: _____ ZIP: _____

Dated: _____ Phone _____

Number: _____



Code No. 506.1E2

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The undersigned hereby United Community authorizes

School District to release copies of the following official student records:

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

_____ from 20_____
_____ to 20_____
(Name of Last School Attended) (Year(s) of Attend.)

The reason for this request is: _____

My relationship to the child is: _____

Copies of the records to be released are to be furnished to:

- () the undersigned
() the student
() other (please specify)

(Signature)

Date: _____ Address: _____
City: _____
State: _____ ZIP _____ Phone Number: _____