

Code No. 506.1E2 Page 1 of 2

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 US. 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 lowa 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 ()	(1				
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district has an interagency agreement.	(g)		the school	()
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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 authorizes	hereby	United Community	
School District	to release copies	of the following official stuc	dent records:
concerning	(FullLegalNa	meof Student)	(Date of Birth)
			from 20 to 20
(Name of Last School Attended)			(Year(s) of Attend.)
The reason for is:	this request		
My relationsh is:	ipto the child		
Copies of the re	ecords to be releas	sed are to be furnished to:	
()	the undersigned the student other (please ecify)		
	.,		
		(Signature))

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