

# Board Policy

Code No. 506.1E2

## REQUEST OF NONPARENT FOR EXAMINATION OR COPIES OF STUDENT RECORDS

The undersigned hereby requests permission to examine the Bettendorf 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):

- An official of another school system in which the student intends to enroll.
- An authorized representative of the Comptroller General of the United States.
- An authorized representative of the Secretary of the U.S. Department of Education or U.S. Attorney General
- An administrative head of an education agency as defined in Section 408 of the Education Amendments of 1974.
- An official of the Iowa Department of Education.
- A person connected with the student's application for, or receipt of, financial aid (SPECIFY DETAILS ABOVE.)
- 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 re-disclosed 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: \_\_\_\_\_

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

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

Dated: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reapproved: April 6, 2004  
March 5, 2007

Revised: August 6, 2012