

# 520.3 Student Records Request Form for Non-Parents

## STUDENT RECORDS REQUEST FORM FOR NON-PARENTS

The undersigned hereby requests permission to examine and/or receive copies of the Central Decatur Community School District's official student records of:

(Legal Name of Student)

(Date  
of  
Birth)

The undersigned requests to examine and/or receive 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. (*specify details:*\_\_\_\_\_ ) ( )

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.

The undersigned (*check one*):

( ) does want copies of the above-stated student records. I understand that the District may charge me a reasonable fee for copies.

( ) does not want copies of the above-stated student records.

(Signature)

(Title)

(Agency)

APPROVED:

Date:

Signature:

Title:

Name:

Department: