



Policy Title: Request of Non-Parent for Examination or Copies of Education Records Code: 505.6-E2

The undersigned hereby requests permission to examine the Linn-Mar Community School District's official education records of:

Legal Name of Student

Date of Birth

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

The undersigned certifies that they are: (check one)

- checkbox An official of another school system in which the student intends to enroll.
checkbox An authorized representative of the Comptroller General of the United States.
checkbox An authorized representative of the Secretary of the US Department of Education or US Attorney General.
checkbox A state or local official to whom such is specifically allowed to be reported or disclosed.
checkbox A person connected with the student's application for, or receipt of, financial aid. (Specify Details)
checkbox Otherwise authorized by law. (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.

Signature

Date

Title

Agency

Address

Phone Number

Approved:

Signature

Title

Date