

## Educational Record Request

### Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name While Enrolled: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ City: \_\_\_\_\_  
 Phone: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Dates of Enrollment: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

### Authorization to Release Information

*Access to educational records is governed by the Family Educational Rights and Privacy Act (FERPA). Generally, custodial and non-custodial parents have access to written records until a student turns 18, provided there is not a court order or other legal action that revokes this right. At age 18, the rights of access to and amendment of records transfer to the student; however, custodial and non-custodial parents may retain access to records if they are able to claim the student as a dependent on the most recent tax return. Step-parents who are present on a day-to-day basis in the home with a custodial parent may have access rights to records; non-custodial step-parents do not have record access rights under FERPA. FERPA allows a maximum of 45 calendar days for a response to a record request; same-day responses may not be possible.*

I am the student named above, am over the age of 18, and am requesting access to the record for myself.

I am the parent/guardian of the minor student named above and am requesting access to the record for myself. My information is listed below. If I am a step-parent, I affirm that I am present on a day-to-day basis in the home with a custodial natural parent.

I am the adult student or parent/guardian of the student named above (who is under the age of 18) and am requesting access to the record for the individual/group listed below **OR** am requesting a copy of the record be sent to the individual/group listed below.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ City: \_\_\_\_\_  
 Phone: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Request Information

Describe the record(s) being requested:

Describe the reason of or purpose for the record request or disclosure:

\_\_\_\_\_  
 Signature of Requestor

\_\_\_\_\_  
 Date

*If the request is not completed in person with valid photo ID, the signature must be notarized.*

State of \_\_\_\_\_  
 §  
 County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_

\_\_\_\_\_  
 Notary Public