

Sample Form #1

Request to Review Records

Pursuant to the Family Educational Rights and Privacy Act and/or Part B of the Individuals with Disabilities in Education Act, the following form must be completed whenever a person other than a school official with a legitimate educational interest makes a request to review student records. Persons required to complete this form include parents of students enrolled in the school.

Please note that unless otherwise provided by law, access to student education records will only be granted upon receipt of the written permission of a student's parent or legal guardian.

To be completed by requestor:

Date of request: _____

Name of student and/or ID number: _____

Name of requestor: _____

Requestor's affiliation or relationship to student: _____

Reason for request: _____

Description of records requested to be reviewed: _____

I hereby agree to keep the information disclosed to me confidential according to all applicable laws and regulations.

Signature: _____ Date: _____

Print Name: _____

To be completed by school personnel:

Status of request: Approved Denied

Reason for approval or denial: _____

School official approving/denying request: _____ (Print Name)
_____ (Signature)
_____ (Date)

Materials reviewed: _____

Were copies of materials provided? Yes No

Is this a request by a parent/legal guardian? Yes No

If yes, records must be provided within 45 days of the request.

Are these records being requested by a parent/legal guardian or authorized representative in connection with a pending Committee on Special Education meeting or Due Process Hearing? Yes No

If yes, please indicate the date of the meeting/hearing [] and note that the records must be provided prior to the meeting/hearing.