

REQUEST OF NONPARENT FOR EXAMINATION OR COPIES OF STUDENT RECORDS

The undersigned hereby requests permission to examine the Grinnell-Newburg 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):

- (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 ABOVE.)
- (g) Other State Official

The undersigned agrees that the information obtained will only be redisclosed 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: _____ Address: _____

Signature: _____ City: _____

Title: _____ State: _____ ZIP: _____

Dated: _____ Phone: _____

Approved 2/24/16
Grinnell-Newburg School District, Grinnell, IA