

**PARK COUNTY SCHOOL DISTRICT #6
BOARD OF EDUCATION POLICY**

CODE: JRA-E (1)

REQUEST FOR DISCLOSURE OF STUDENT EDUCATIONAL RECORDS

(Completed form to be retained, on file with student records, by appropriate school district administrator cooperating in this disclosure request).

_____ Name of Organization or Agency Making Disclosure Request

_____ Date of Request

_____ Student Name

_____ Description of Student Records for which Disclosure Request is Made

Statement of Examiner: "I certify that I have been informed and agree that the educational records I have requested to be reviewed may not be disclosed nor may the information therein be disclosed to a third party without prior consent.

Signature of Representative or Person
Making Disclosure Request

Date

AUTHORIZATION FOR DISCLOSURE:

Permission is hereby granted to _____ to disclose the educational records of _____ (school official) _____ (student name). I understand that the educational records will be examined by _____, and certify that I am fully authorized to grant permission for this disclosure. My relationship with the named student is: _____.

(Signature of Person Authorizing Disclosure)

(Date)

RECORD/REPORT OF DISCLOSURE OF STUDENT EDUCATIONAL RECORDS

_____ Date of Disclosure

Adopted: 1/20/98
Revised: 9/19/2017