

**REQUEST BY NON-PARENT/GUARDIAN FOR EXAMINATION AND/OR COPIES OF
EDUCATION RECORDS**

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

Full Legal Name of Student Date of Birth Student I.D. Number

The undersigned certifies that they are (circle 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) A state or local official to whom such is specifically allowed to be reported or disclosed.
- (e) A person connected with the student's application for, or receipt of, financial aid (SPECIFY DETAILS ABOVE)
- (f) A representative of a juvenile justice agency with which the school district has an interagency agreement.

The undersigned agrees that the information obtained will only be disclosed consistent with state or federal law without the written permission of the parents/guardians of the student, or the student if the student is of majority age.

(Signature)

(Title)

(Agency)

APPROVED:

Signature: _____
Title: _____
Dated: _____

Date: _____
Address: _____
City: _____
State: _____ ZIP: _____
Phone Number: _____

Adopted: 06/14/1993
Reviewed: 06/09/1997; 04/09/2001; 03/29/2004; 03/12/2007; 05/09/2011; 5/22/2017
Revised: 04/28/2001; 04/12/2004; 04/09/2007; 06/13/2011; 5/22/2017