Sample Request of Non-Parent for Access to Education Record

To: [Name of designated official]

From: _______________________________
[Name, title, organization]

I hereby request permission to examine the following part(s): __________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
of the official education records of: _____________[name(s) of student], student(s) at:
_________________________ [name of agency or school]. I certify that I am (check one as appropriate):
___ An authorized official of another school system in which the student intends to enroll.
___ An authorized representative of the Comptroller General of the United States.
___ An authorized official of the financial institution to which the student applied to receive financial aid.
The purpose of this request is to determine eligibility, amount of aid, conditions of aid award, and enforcement of award terms and conditions.
___ An authorized official of an accrediting organization. I understand that release is allowed on the conditions only appropriate members of my organization view the records, and resulting studies do not identify any particular student.
___ An authorized representative of the Secretary of the U.S. Department of Education.
[Add other categories as allowed in state or local laws and regulations.]

I agree that no unauthorized person or organization will have access to any records or information obtained through this request without the written permission of the parents of the student or the student. I understand the maximum penalties for re-disclosure of the record will be [as set forth by federal and state laws and regulations].

Signature: ________________________________ Date: _______________________

For official use only:
Request approved/ denied by: ____________________________ Date: _______________________

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