

Code: JRA E

**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).

\_\_\_\_\_  
Disclosure Request Name of Organization or Agency Making

\_\_\_\_\_  
Disclosure Request Signature of Representative or Person Making

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Description of Student Records for which  
Disclosure Request is Made

\_\_\_\_\_  
Statement of Relationship or Description of Legitimate Educational Interest of Person  
Making Disclosure Request:

**AUTHORIZATION FOR DISCLOSURE**

Permission is hereby granted to \_\_\_\_\_ to  
(school official)

disclose the educational records \_\_\_\_\_ of. I  
(student name)

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)

Date Reviewed: 07-20-2011

Date Reviewed: 12/18/2013

RECORD/REPORT OF DISCLOSURE OF STUDENT EDUCATIONAL RECORDS

\_\_\_\_\_ Date of Disclosure

Statement of Examiner: "I certify that I have, this date, examined the educational records of \_\_\_\_\_ (name of student), and that I have been advised that the disclosure of the information to a third party, without prior consent, is prohibited."

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Date)