**Code 506.1E2**

**REQUEST OF NONPARENT FOR EXAMINATION OR COPIES OF STUDENT RECORDS**

The undersigned hereby requests permission to examine the Estherville Lincoln Central 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):

1. An official of another school system in which the

student intends to enroll ( )

1. An authorized representative of the Comptroller

General of the United States ( )

1. An authorized representative of the Secretary of

the U.S. Department of Education or U.S. Attorney ( )

General

1. An administrative head of an education agency as

defined in Section 408 of the Education Amendments ( )

of 1974.

1. An official of the Iowa Department of Education ( )
2. A person connected with the student’s application

for, or receipt of, financial aid. (SPECIFY DETAILS ( )

ABOVE)

1. 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 redisclosed consistent with state or federal laws without the written permission of the parents of the student, or the student if the student is of majority age.

APPROVED:

(Signature)

(Signature) (Title)

Date:

Address:

(Title) City:

State: ZIP

Phone Number:

(Date)