STUDENT RECORDS AND ACCESS

FIRST-PARTY REQUEST

	Date
I,	(am over 18) (am attending an
institution of higher learning) (am the	parent(s) or legal guardian(s) of)
and request access to the school record	ls of
The specific records I should like to ins	spect are: (please indicate specific areas, ie: student
folder, athletic, scholastic, reading scor	res, test results, attendance, etc.)
Signature:	
	FSTOWN SCHOOL DISTRICT FIRST-PARTY CONSENT
Ι,	, consent to the inspection of the
school records of	by
or consent that the following informati	ion be mailed to them. I am the student involved and am
over 18 or their parent(s) or legal guar	rdian(s). The records may be personally inspected or may be
mailed to them as they request. This c	onsent pertains to all records usually furnished in the best
judgement of the School District autho	orities or limited as stated in the school policy on student
records.	
Signature:	
Proposed: 05/18/2023 Adopted: 06/19/2023	

GOFFSTOWN SCHOOL DISTRICT

STUDENT RECORDS AND ACCESS

Date		

FIRST-PARTY AUTHORIZATION FOR STUDENT RECORDS RELEASE TO A THIRD-PARTY SERVICE

	(am over 18) (am the parent(s) or legal and authorize the release of school records of
The specific records I authorize the release of a cards, etc.)	re: (please indicate specific areas, ie: transcript, report
Signature:	
Third party agency:	
Agency Address:	
Note: The third party will need to submit a reco	ords request for the student

Proposed: 05/18/2023 Adopted: 06/19/2023

STUDENT RECORDS AND ACCESS

Date
THIRD-PARTY REQUESTS
I, (We), request the following information from the school records of:
My authority for making this request is:
I am authorized by law to have access to said records or I attach the consent of the student and/or their parent(s) or legal guardian(s).
I agree not to release said information to any other person or party except as said release may be
authorized by law.
Signature and Title:
Name of Agency:
Address:
Proposed: 05/18/2023 Adopted: 06/19/2023