

The undersigned hereby requests permission to examine and/or receive copies of the Monticello Community School District's official student records of:

(Legal Name of Student)

(Date of Birth)

The undersigned requests to examine and/or receive copies of the following official student records of the above student:_____

The undersigned certifies that they are (check 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) An administrative head of an education agency as defined in Section 408 of the Education Amendments of 1974. ()
- (e) An official of the Iowa Department of Education. ()
- (f) A person connected with the student's application for, or receipt of, financial aid. (specify details:_____) ()

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

The undersigned (check one):

- () does want copies of the above-stated student records. I understand that the District may charge me a reasonable fee for copies.
- () does not want copies of the above-stated student records.

(Signature)

(Title)

(Agency)

APPROVED:	Date:_____
Signature:_____	Address:_____
Title:_____	City:_____
	State:_____ ZIP:_____
	Phone Number:_____

Adopted: 12/18/13

Reviewed: 11/28/16; 6/27/22; 6/23/25; 6/22/26