



Sandusky City Schools

Sandusky, Ohio 44870 • 419-626-6940 • www.scs-k12.net

REQUEST TO VIEW A STUDENT'S RECORDS

The Family Educational Rights and Privacy Act (FERPA), Statute: 20 U.S.C. § 1232g, Regulations: 34CFR Part 99

Please present a pictured ID (Legal Identification) along with this completed form, or a letter requesting to view a student's records, to a school administrator or designee.

[PLEASE PRINT]

Date: _____

Name: _____

Relationship^o to the student: (circle one) Mother, Father, Legal Guardian, or Eligible Student*

Address: _____

Home Phone: _____ Cell Phone: _____

I certify the above information is accurate. Signature: _____

I request to inspect and review the student's education records for:

Student Name: _____

Birth Date: _____ Grade: _____ School: _____

Enrollment period in Sandusky City Schools from: _____ to _____

Items I would like to inspect and review:

- Grades
- Assessments
- Health/Immunization
- Disciplinary Actions Taken
- Attendance
- Parental Consent Forms
- Test Scores
- Other _____
- IEP (Individualized Educational Plan)
- MFE (Multifaceted Evaluation)

^oIf relationship to student is in question; we may require additional proof of relationship.

*Eligible students: These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.

FOR OFFICE USE ONLY

ID checked and copied attached by: Initials: _____

Date request received: _____

Date records reviewed: _____

Administrator's Initials: _____

Reviewer's Initials: _____