



# Sandusky City Schools

407 Decatur Street, Sandusky, Ohio 44870-2442, 419-626-6940

## 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<sup>o</sup> 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:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Grades                     | <input type="checkbox"/> Attendance             | <input type="checkbox"/> IEP (Individualized Educational Plan) |
| <input type="checkbox"/> Assessments                | <input type="checkbox"/> Parental Consent Forms | <input type="checkbox"/> MFE (Multifaceted Evaluation)         |
| <input type="checkbox"/> Health/Immunization        | <input type="checkbox"/> Test Scores            |  |
| <input type="checkbox"/> Disciplinary Actions Taken | <input type="checkbox"/> Other _____            |  |

Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies. **There is a \$5.00 fee for copies of student records, and applicable postage fee if required, payable to Sandusky City Schools.**

<sup>o</sup>If 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: \_\_\_\_\_