Record of Access to Educational Records

Name of Student_____
Last First Middle Initial

1. Please place in the student's special service folder.
2. All person reviewing these records should sign below, except authorized employees of District #_____ (34 CFR 99.32(a); 34 CFR 300.563)
3. If the folder is to leave the file, this form should be signed and left in the file drawer until the records are returned.

Date of Access	Name of person using or requesting use of educational records:	Purpose for use of educational record: