Enclosure 1

AUTHORIZATION/REQUEST FOR ACCESS TO STUDENT RECORDS

Student Name _____ Student I.D. Number _____

_____ **Student Status:** Current ☐

_____ Phone _____ Former ☐

Record Requested

_____

_____

_____

Purpose(s) of Disclosure _____

_____

Person to whom access is granted (if other than student) _____

_____ _____

Date Student's Signature

Medical or psychological records relating to treatment received at Student Health and Psychological Services may not be reviewed directly by the student. Instead, a medical doctor or other appropriate professional must be authorized to conduct that review.

Information placed in a student's Professional Placement File prior to January 1, 1975, with an understanding, expressed or implied, that it was not to be made available to or seen by the student concerned, may not be reviewed directly by the student.

NOTE: This form is to be used unless a similar authorization is personally developed and submitted by student.

Enclosure 2

ACCESS LIST

A record of requests for, or disclosures of, information must be maintained in instances except when:

(a) the request is made by the student for his/her own use;

(b) disclosures are made in response to a written request from the student; (The written request will be placed in the record.)

(c) the request is made by a school official; or

(d) the information sought is in the category of Directory Information.

The Access List in the case of _____ (Last Name), _____ (First Name) is:

_____	_____	_____
Date	Party Requesting	Address

Reason for Request _____

_____

_____	_____
Party Releasing	Office

_____	_____	_____
Date	Party Requesting	Address

Reason for Request _____

_____

_____	_____
Party Releasing	Office