



Access of Records Form

This form gives consent and list all individuals, agencies or organizations that have requested or obtained access to a student's records.

I give the parties below the right to view and obtain my records.

Student signature

Date

Legitimate interest for viewing the record:

Specify the records to be released:

State the reasons for such release:

List the names of the parties to whom such records will be released:

Name	Address	Phone #	E-mail