

**REQUEST OF NON-PARENT FOR EXAMINATION
AND/OR COPIES OF STUDENT RECORDS**

The undersigned hereby requests permission to examine the following Gore Public Schools records of:

_____, _____
Legal Name of Student Date of Birth

The undersigned requests copies of the following records of the above student: _____

The undersigned certifies that he/she is (CHECK ONE):

- 1. An official of another school system in which the student intends to enroll. ()
- 2. An authorized representative of the Comptroller General of the United States. ()
- 3. An authorized representative of the Secretary of the United States Department of Education. ()
- 4. An administrative head of an education agency as defined in Section 408 of the Education Amendments of 1974 ()
- 5. An official of the Oklahoma State Department of Education. ()
- 6. A person connected with the student's application for, or receipt of, financial aid (SPECIFY DETAILS ABOVE). ()

The undersigned agrees that no other person will have access to any records or information obtained through this request without the written permission of the parents of the student, or the student if the student is over the age of 18 years.

Signature

APPROVED:

(Title)

Title: _____
Date: _____

Date: _____
Address: _____

Telephone No.: _____