

Cottonwood Joint School District No. 242

STUDENTS

3570F3

Record of Access

Name of person or organization that requires access to student records:

_____.

Legitimate educational interest or reason: _____

As a condition of access to the personal information contained in the file of _____, I hereby agree not to permit any other party to have access to the information obtained from this file without written permission of the student or his or her parents/guardians if a dependent student.

Date: _____

Signature: _____

Date: _____

Witness: _____