



## Request for Directory Information Form

The record of access shall include not only in-person access, but also cases whereby information is disclosed by any other means including, but not limited to, telephone, facsimile, email and/or mail. This is to be completed and submitted for all requests for directory information including circumstances pertaining to a threat to the health or safety of a student or other individuals. Please complete as many of the fields with the any known information. Requests from emergency management organizations will be submitted to the District Safety and Security Manager using the "request for directory information form." All other requests are to be submitted to a building administrator.

### PART I - Completed by Person Requesting Information

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Agency: \_\_\_\_\_

Information Requested:

Description of Educational Interest/Purpose – If Health/Safety Emergency, Include Basis for Emergency Disclosure:

Reason for requesting:

If Information will be Rediscovered, to Whom and What is the Educational Interest/Purpose:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PART II - Completed by Administration

Date received:

Comments/Actions Taken:

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Completed copy to be sent to Director of Pupil Services