

*Douglas County School District*  
**Record of Requests for Disclosure**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act, I affirm that I have the appropriate authority to review the education records of the above-named student. My authority is listed in Douglas County School District Administrative Regulation 516(b). Further, I have completed and signed the appropriate form(s) listed in this regulation and this/these form(s) will be part of the student's education record.

<b>Reviewer's Name</b>	<b>Date</b>	<b>Agency/Institution</b>	<b>Reason for Review</b>