## **CPS or Law Enforcement Request for Records**

Student	t Name:	First		DOB:	
			Middle	Last	
Student	t ID #:		_ School/Building	g Location:	
Name(s	) of Investig	gator requesting acc	ess to/release of re	cords:	
Name(s	) of Supervi	isor & Agency:			
☐ Fax	or email cop	by of information req	uested and statemen	nt regarding purpose of request - attach to this form.	
□ Cop	y of agency	photo I.D. card or of	fficial badge - attac	h to this form.	
□ Con	firm that stu	dent has <u>not</u> been ex	cluded from Direct	ory List in Synergy (BSD MISC tab in Student view)	
□ Noti	ify Principal	or Designee of Inves	stigator Request for	· Access to/Release of Records	
	0			n 3231P Access, Inspection & Review of Student Records prior to release of/access to records**	
Date of	access to/re	elease of records:		Person released to:	
□ YES	□NO	Access/release was	in response to an ir	nvestigation of a report of alleged child abuse or neglect.	
Specific	Student Di	irectory Informatio	n Released (see als	so 3231P):	
	Name, address, telephone number and electronic mail address				
	Photograph				
	Date and p	Date and place of birth			
	Major field of study; dates of attendance; grade level				
	Participation in officially recognized activities and sports; weight and height of members of athletic teams				
	Degrees, honors and awards				
	Most recer	Most recent educational agency or institution attended			
	Student identification number, user ID, or other unique personal identifier used to communicate in electronic systems that cannot be used to access records without a PIN, password				
School 1	Representa	tive Completing For	rm/Releasing Reco	ords:	
	Name:			Position:	
	Signature:			Date:	

Distribution of copy to admin confidential location in school (not student cumulative or student confidential file)

**Date: 6.23**