Your School/District		SpEd 17 04.0
Your City		
	Record of Access	
Student Name:		

Date	Name of Reviewer and Agency	Purpose for Review of File

This form is required to record persons or agencies accessing the student's records. Persons listed on the Access Authorization List for student files do not need to sign this record. These include the student's parents, case manager, principal, special education director, and superintendent. Regular education teachers, related service providers, and others who are expected to implement parts of the student's program must be able to access the relevant portions of the file. Any other person accessing this file must sign, date, and state the purpose of the student review.

This record shall be available to parents, to the school records/case manager or assistants delegated with custody of records or those persons authorized by law to serve as auditors of the operation of the school system. Certain portions of the file are not to be released without a signed Release of Information from the parent of the student, or the student if s/he has reached the age of majority. (Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99.31)).

Other records or	n this studer	nt may be	held in th	e local	school off	ice, the LE	A central	office,	or
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