Sample Form #6

Record of Access

Student's Name and/or ID Number: _____

Office Where Record Is Maintained: _____

Date	Name of Person Requesting Access to Record	Title of Person Requesting Access to Record	Description of Information Disclosed	Purpose for Which Requestor Is Authorized to Use Records (Legitimate Interest)	Names of Parties to Whom Receiving Party May Disclose the Record	Disclosed by: (name) (title) (signature)