

HEAD START of LANE COUNTY

221 "B" Street · Springfield OR 97477-4522
(541) 747-2425 · FAX (541) 747-6648 · <http://www.head-start.lane.or.us>

Date Initiated: _____

Record of Request for/or Disclosure of Records

Child's Name: _____ Birth Date: _____

As required by law, the program maintains a record of all requests for and disclosures of personally identifiable information from the educational records of each child. The information below must be completed except for disclosures to a parent or guardian, requests by or disclosures to an authorized employee, disclosures pursuant to the written consent of a parent or guardian, or request for or disclosures of directory information.

Staff Requesting/Receiving Information

Date Access Granted

Legitimate Interest/Purpose of Party in Requesting or Obtaining Information _____

NOTE: According to the Family Education Rights and Privacy Act, child records may be inspected only by: (a) the parent of the child, (b) the official and assistants who act as custodians of the records, and (c) authorized parties who are responsible for auditing recordkeeping procedures of the program.