

Students

Exhibit – Parent Request Form for Student Covered Information

To be used when a parent/guardian is requesting their child's covered information under the Student Online Personal Protection Act. A parent/guardian is limited to two requests per child per fiscal quarter. If the covered information requested includes data on more than one student, the parent/guardian may inspect and review only the covered information relevant to his/her child.

Parent/Guardian Name: _____ Phone Number: _____

Address: _____ Email: _____

Student Name: _____ School: _____

I request an (*choose one*): **Electronic Copy** **Paper Copy** of my child's covered information from the following operator(s): _____

Parent/Guardian Signature

Date

Completed by the Records Custodian or Privacy Officer.

Request received on: _____

Covered Information due to parent/guardian on: _____

Operator contacted on: _____

Covered information received from operator on: _____

Covered information provided to parent/guardian on: _____

Check, if applicable:

- Paper copy was provided instead of electronic copy because the District does not maintain the information in an electronic format and reproducing the information in an electronic format would be unduly burdensome to the District. 23 Ill.Admin.Code §380.20(a).

Record Custodian or Privacy Officer Signature

Date