

C-2

PERSONNEL HAVING ACCESS TO STUDENT RECORDS*

According to state guidelines the following personnel have access to the student's records without parental consent:

- I. Student records may be accessed by:
 - A. The parent of the student (under 18 years of age or dependent)
 - B. The eligible student (18 years of age or post-secondary)
 - C. Those board of education personnel/representatives with legitimate educational interest defined as those who have direct contact with the student or with his/her educational program:
 - D. Current teacher(s)
 - E. Trained support personnel, i.e., secretaries, aides with direct professional supervision
 1. Counselors
 2. School administrative staff
 3. School special-interest advisors, athletic advisors
 4. Psychologists/evaluators
 5. Central office administrative and supervisory staff
 6. Attendance officer
 7. Legal counsel
 8. Other officials which are included in the confidentiality document
- II Attached are the names and positions of county personnel who may have access to the records of handicapped students providing they have met criteria specified in this document.
- III All other access must be accompanied by a signed permission of the parent or the eligible student.
- IV All access (i.e. release, transfer, transcripts, etc.) oral, written, or by any other means to any party must be recorded on Disclosure Record (C-4 or C-5).

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AUTHORIZED CONSENT FOR DISCLOSURE**

All records received by the Monroe County Board of Education are accessible to parents.

I hereby give _____
(Agency)

permission for the _____
(Specify type of record)

records of _____ date of birth _____
(Student's name)

School _____ to be released to:

Name: _____

Address: _____

Phone: _____

For the purpose of: _____

(Specify purpose)

Signature of parent/eligible student _____

Date _____

The party this information is released to **MAY NOT disclose the information to any other party without prior written consent of the parent or eligible student. WV Confidentiality Regulations.
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REQUEST FOR AMENDMENT OF RECORDS

To: _____ Date: _____

I, _____, request that the education records of
(Parent or eligible student)

_____ be amended/removed.
(Student's name)

The request for amendment/removal is made for the following reason(s):

DISPOSITON

Date _____	Official _____	Signature _____
_____ Granted _____	_____	_____
_____ Not Granted* _____	_____	Date _____
_____ Hearing _____	_____	
_____ Other _____	_____	

Section B

STUDENT'S NAME _____ **SCHOOL** _____

Specific amendments/removal requested are as follows:

If amendments/removal is granted - - detach Section B and destroy.
If amendments/removal is not granted - - file entire form in the education record.

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WAIVER FORM

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I do here by give permission for _____
(specify type of record)

records of: _____
(student's name)

to be released to: _____
(specify)

_____ without my inspection or review.
(classes of persons or institutions)

(signature of parent)

(date)

This waiver may be revoked at any time. Such revocation must be in writing. For full description of waivers and their limitations see Procedures for Collection, Maintenance, and Disclosure of Student Data.

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Board of Education Approval: April 10, 2001