**STATE AGENCY DOCUMENTATION FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | AGENCY | AGENT NAME/BADGE | COURT ORDER NUMBER | INFORMATION REQUESTED*(Please check off all that apply. If other, please specify.)*  | INFORMATION PROVIDED BY SCHOOL *(Please include the date information is released and name of school official releasing information.)*  | LEGITIMATE EDUCATIONAL PURPOSE FOR ACCESSING INFORMATION | PARENTS NOTIFIED If Applicable (DATE/TIME) |
|  | Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_Contact Information: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Attendance Records
* Schedule
* Discipline/Behavior Records
* Grade Report
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Attendance Records
* Schedule
* Discipline/Behavior Records
* Grade Report
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Released:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_Contact Information: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Attendance Records
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Released:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Information: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Attendance Records
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Released:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |