Sample Form #6

Record of Access

Student’s Name and/or ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Where Record Is Maintained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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) |
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