

**Statement of Legitimate Educational Interest—  
Disclosure of Confidential Information to Campus Official Without Student Consent**

Name of student \_\_\_\_\_

Requester's name \_\_\_\_\_

Department \_\_\_\_\_ Campus Address \_\_\_\_\_

Please describe the information to which you would like to have access:

\_\_\_\_\_  
\_\_\_\_\_

Please describe reason for the request:

\_\_\_\_\_  
\_\_\_\_\_

Confidential information student records may be disclosed without the student's request to campus officials having a "legitimate educational interest" in the information. "Legitimate Educational Interest" means the information or record is relevant and necessary to the accomplishment of some task or determination and the information requested is relevant and necessary for that official to:

1. perform a task or determination that is an employment responsibility or properly assigned subject matter for the inquirer;
2. perform a task that is related specifically to the official's participation in the student's education;
3. perform a task that is related specifically to the discipline of the student; or
4. provide a service or benefit relating to the student or student's family, such as health care, counseling, job placement or financial aid.

All information released under this request shall include the redisclosure notice described in Section 320-21, IV.B.3.

My signature below indicates my agreement that I will not permit any other party to have access to the information I have received without the written consent of the student.

\_\_\_\_\_  
Requester's signature Date

Information disclosed:  yes    number of pages \_\_\_\_     no  
Copies provided:     yes    number of pages \_\_\_\_     no

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Records custodian