



Home School Program • Linn Benton Lincoln Education Service District
905 4th Avenue SE • Albany, Oregon 97321-3199 • Phone: 541-812-2751 • Fax: 541-926-6047 • www.lblesd.k12.or.us/homeschool

HOME SCHOOL RECORDS REQUEST FORM

Date _____

I/We _____ request copies of the following record(s) for

(Student name) _____, (Date of birth) _____

- Specific Record _____ dated _____
- All test result reports
- All notification forms/letters
- All status letters
- All records
- Other _____

I/We are the parent(s) of _____, and have the right to inspect to inspect his/her educational records under OAR 581-021-0270 and Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2011).

Signature

Date

I _____ am an eligible student and have the right to inspect my own educational records under OAR 581-021-0270 and Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2011).

Signature

Date

Legal Definition per OAR 581-021-0220:

“Parent” means a parent of a student and includes a natural parent, a guardian, an individual authorized in writing to act as a parent in the absence of a parent or guardian, or a surrogate parent appointed to represent a student with disabilities.

“Eligible student” means a student who has reached 18 years of age or is attending an institution of postsecondary education and is not enrolled in a secondary school.

Mailing Address _____

Phone Number _____