



**REQUEST FOR STUDENT DIRECTORY INFORMATION/RECORDS**  
School Officials, Military Recruiters and Nevada System of Higher Education (NSHE)

**Responsible: Student Accounting Department**

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

Name/Title of the Requesting Party:  
\_\_\_\_\_

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

Specific Student Directory Information/Records Requested:

\_\_\_\_\_ Data Needed By: \_\_\_\_\_

Note: Please allow five business days for processing.

I understand that student directory information/records provided pursuant to my request may not be used for commercial purposes. I agree not to use any such documents for commercial purposes and further agree not to give, sell, or provide access to these documents to any other person who intends to use or uses the list for commercial purposes. Parents/guardians have the right each year to Restrict the release of Directory Information. Requests will be held until October 1 of each school year to ensure parents/guardians have had the opportunity to Opt Out of such release of student directory information/records.

Signature of Requesting Party: \_\_\_\_\_

**DECISION OF WASHOE COUNTY SCHOOL DISTRICT CUSTODIAN OF RECORDS**

- \_\_\_\_\_ Approved as Requested
- \_\_\_\_\_ Approved as long as no information is released on students whose parents choose military opt-out
- \_\_\_\_\_ Approved as long as no directory information is released on students with FERPA restrictions
- \_\_\_\_\_ Approved with the following conditions:  
\_\_\_\_\_
- \_\_\_\_\_ Request Denied: \_\_\_\_\_

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