

IMSA COVERED INFORMATION REQUEST FORM

Instructions: To request covered information maintained by a SOPPA operator for your child, please complete this form and provide proof of identity and relationship to the student to the school. A parent/guardian may inspect and review only the covered information relevant to the parent's/guardian's student. Per ISBE rules no more than one request under this Section may be made per State fiscal quarter (i.e. July, August, and September (Q1); October, November, and December (Q2); January, February, and March (Q3) or April, May, and June (Q4). **Email the completed form to: privacyofficer@imsa.edu.**

PARENT/GUARDIAN INFORMATION			
Date of Request		Request for paper or electronic copies	<input type="checkbox"/> PAPER <input type="checkbox"/> ELECTRONIC
Last Name		First Name	
Address			
Phone Number		Email Address	
STUDENT INFORMATION			
Student Last Name		Student First Name	
Student I.D. Number		Date of Birth	
SOPPA OPERATOR(S):			
AFFIRMATION STATEMENT			
I affirm that I am the parent or guardian of the above named student information and I am submitting verification of my identity and proof of relationship to the school.			
Parent/Guardian Signature			

PLEASE DO NOT WRITE BELOW THIS SECTION

SCHOOL VERIFICATION OF PARENT IDENTITY AND RELATIONSHIP			
School	<input type="checkbox"/> VERIFICATION <input type="checkbox"/> DENY (EXPLAIN REASON(S) BELOW)		
Reason for Denial			
Signature		Date of Verification	
Date of Submission to IMSA SOPPA Representative		Request Number	
SOPPA DISTRICT REPRESENTATIVE			
SOPPA Date of Receipt of School Submission			
Date of Contact with Operator			
Date of Receipt of Covered information from Operator			
Date Covered Information Provided to Parent			