

RECORDS REQUEST & APPLICATION FORM

Public Policy | Submit to NFMSS Compliance Office — compliance@nmss.org

NFMSS responds to records requests within 10 business days of receipt. Incomplete forms will be returned without processing. Submit via email to compliance@nmss.org or by mail to: NFMSS Compliance Office, In Time of Need Incorporated.

RECORDS ACCESS POLICY

The National Federation of Middle School Sports (NFMSS) is committed to transparency and accountability in its governance. NFMSS makes certain records available to the public, member schools, athletes, and their families in accordance with applicable law, its bylaws, and the privacy rights of student athletes. Records involving personally identifiable student information are governed by FERPA (Family Educational Rights and Privacy Act) and will not be released without appropriate authorization. This form must be completed in full for all records requests.

SECTION 1 — REQUESTOR INFORMATION

Last Name:	First Name:
<input type="text"/>	<input type="text"/>
Organization / School:	Title / Role:
<input type="text"/>	<input type="text"/>
Mailing Address:	
<input type="text"/>	
City / State / Zip:	Phone:
<input type="text"/>	<input type="text"/>
Email Address:	Preferred Contact:
<input type="text"/>	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone

Requestor Type: Member School AD/Coach Parent/Guardian Student Athlete Media / Journalist Researcher Attorney / Legal General Public

SECTION 2 — TYPE OF RECORDS REQUESTED

Check all categories that apply and describe the specific records needed below.

<input type="checkbox"/> Eligibility Determinations	<input type="checkbox"/> Sanctioning Records
<input type="checkbox"/> Incident / Conduct Reports	<input type="checkbox"/> Compliance Correspondence
<input type="checkbox"/> Governance Documents (Public)	<input type="checkbox"/> Championship / Event Records
<input type="checkbox"/> Member School Registration Records	<input type="checkbox"/> Policy & Procedure Documents
<input type="checkbox"/> Financial Records (public 990 filings)	<input type="checkbox"/> Certification / Credential Records
<input type="checkbox"/> Transfer Eligibility Records	<input type="checkbox"/> Other (describe below)

Specific Description of Records Requested:

(Include sport, school name, athlete name if applicable, date range, and any other identifying details.)

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Time Period / Date Range of Records: _____ to _____

SECTION 3 — PURPOSE OF REQUEST

Purpose: Personal use / family records Legal proceeding Journalism / media Academic research Compliance review Other:

Describe the specific purpose of your request:

SECTION 4 — STUDENT RECORDS & FERPA AUTHORIZATION

If your request involves records pertaining to a specific student athlete, federal law (FERPA) requires written authorization from the student's parent or legal guardian (or from the student if age 18 or older) before NFMSS may release those records. Complete this section if applicable.

Does this request involve records about a specific student athlete? Yes No

Student Athlete

Name: _____

Date of Birth: _____

School Name: _____

Sport / Year: _____

Parent/Guardian

Name: _____

Relationship: _____

FERPA Authorization: By signing below, I authorize NFMSS to release the requested student records to the requestor identified in Section 1.

Parent/Guardian

Signature: _____

Date: _____

Printed Name: _____

Relationship

to

Student: _____

SECTION 5 — DELIVERY FORMAT & FEES

Preferred Delivery Format: Electronic (PDF via email) Printed copy by mail Both

Record Type	Fee
Electronic records (PDF)	No charge
Printed copies (per page)	\$0.25 per page

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Certified copies	\$5.00 per document
Expedited processing (within 3 business days)	\$25.00 flat fee
Records requiring legal/compliance review	Fee determined upon review; requestor notified prior

SECTION 6 — REQUESTOR CERTIFICATION & SIGNATURE

I certify that the information provided in this form is true and accurate. I understand that misrepresentation of my identity, purpose, or authorization to receive records may result in denial of this request and referral to appropriate authorities. I agree to use any records received solely for the stated purpose and in compliance with applicable federal and state law, including FERPA. I acknowledge that NFMSS may redact or withhold records that are exempt from disclosure under applicable law.

Requestor _____ **Date of** _____
Signature: _____ **Request:** _____

Printed Name: _____ **Organization /** _____
School: _____

FOR NFMSS OFFICE USE ONLY — Date Received: _____ Assigned To: _____ Response Due: _____ Fee Collected: \$_____ Fulfilled Partial Denied Pending FERPA Authorization