

NOTIFICATION OF TRANSFER OF STUDENT RECORDS

To: _____

Date:

Parent/ or Guardian

Street Address:

City/State: _____ Zip:

Please be notified that copies of the
Community School District's official student records concerning
_____, (Full Legal Name of Student) have been transferred to:

School District Name

Address

upon the written statement that the student intends to enroll in said school system.

If you desire a copy of such records furnished, please check here _____ and return this form to the undersigned. A reasonable charge will be made for the copies.

If you believe such records transferred are inaccurate, misleading or otherwise in violation of the privacy or other rights of the student, you have the right to a hearing to challenge the contents of such records.

(Name)

(Title)