## NOTIFICATION OF TRANSFER OF EDUCATION RECORDS

To:	Date:
Parent/or Guardian	
Street Address:	
City/State	ZIP:
Please be notified that copies of the education records concerning to:	Community School District's official, (full legal name of student) have been transferred
School District Name	Address
upon the written statement that the student inten	ds to enroll in said school system.
If you desire a copy of such records furnished, p	blease 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)