

504.1NF TRANSFER OF STUDENT RECORDS NOTIFICATION FORM

To: _____ Date: _____

Parent/Legal Guardian

Address

City, State, Zip Code

Please be notified that we have received a written statement that a student, _____ (*full legal name of student*), who previously attended the District, intends to enroll in _____ Community School District.

Please be further notified that the official student records of a student, _____ (*full legal name of student*), which were previously held by the District, have been transferred to _____ Community School District.

The records may now be accessed by contacting the records custodian at

Community School District.

If you desire a copy of such records furnished, please check here _____, and return this form to the undersigned at the District. 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.

Signature

Printed Name

Title

Agency

*Adopted: 12/13/10
*Reviewed: 04/08/13
*Reviewed: 10/9/17
*Revised: 10/10/22