

NOTIFICATION OF TRANSFER OF STUDENT RECORDS

To: \_\_\_\_\_  
Parent/Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
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  
\_\_\_\_\_ Community School 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  
\_\_\_\_\_ Community School 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 \_\_\_\_\_ Community School 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)