NOTIFICATION OF TRANSFER OF EDUCATION RECORDS

To: _____ Date: _____
Parent/or Guardian

Street Address: _____
City/State _____ ZIP: _____

Please be notified that copies of the Clarinda Community School District's official education 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)