Policy Title: **Notification of Transfer of Student Records**Policy #504.1E4

Го:	Date:
Parent/Legal Guardian	
Address	
City, State, Zip Code	
full legal name of student), who previous	a written statement that a student, Community ously attended Community School District.
full legal name of student), which	cial student records of a student, were previously held by een transferred to
The records may now be accessed by Community School District.	contacting the records custodian at
	rnished, please check here, and return this form to Community School District. A reasonable
•	are inaccurate, misleading or otherwise in violation of the ou have the right to a hearing to challenge the contents of
	(Signature)
	(Printed Name)
	(Title)
	(Agency)

Approved: 03/15/04

Reviewed: 12/22/08; 11/28/16; 6/27/22

Revised: 12/18/13