To:	Date:
Parent/Legal Guardian	
Address	
City, State, Zip Code	
(full legal name of student), who previou	sly attended Community Community School District.
(full legal name of student), which we Community School District, have bee Community School District. The records may now be accessed by community School District. If you desire a copy of such records furnity.	al student records of a student,ere previously held byen transferred toentransferred toentracting the records custodian ateished, please check here, and return this form to
the undersigned atcharge will be made for the copies.	Community School District. A reasonable
•	e inaccurate, misleading or otherwise in violation of the 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; 6/23/25

Revised: 12/18/13