



Students

**Policy Title: Notification of Transfer of Education Records
Code 505.6-E6**

To: _____ Date: _____
Parent or Legal Guardian

Street Address: _____

City/State: _____ Zip: _____

Please be notified that copies of the Linn-Mar Community School District's official education records concerning _____ have been transferred to:

Full Legal Name of Student

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 of School District Official

Title