



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

То:	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 <i>Full Legal Name of Student</i>	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 of School District Official

Title