

**Policy 505.6-E6 Notification of Transfer of Education Records**

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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