

PANORAMA COMMUNITY SCHOOL DISTRICT
NOTIFICATION OF TRANSFER OF STUDENT RECORDS

TO: _____ Date: _____
Parent/or Guardian

Address City State Zip Code

Please be notified that copies of the _____ School District official educational 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)

(Title)