AUTHORITY TO TRANSFER EDUCATION RECORDS

To: _____
SCHOOL DISTRICT/AGENCY

_____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99.31, transfer of education records is requested for:

_____
NAME OF CHILD BIRTHDATE

Request for education records includes, but is not limited to: health, grades, cumulative, discipline records, and special education records. Transfer of student records, including disciplinary records, must be made in a timely manner, within three business days of receipt of request, under state law. (70 O.S. 24-101.4)

The student intends to enroll or is enrolled in our school district/agency. Therefore, please send records to:

_____
SCHOOL/AGENCY OFFICIAL SCHOOL DISTRICT/AGENCY

_____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

From: _____
SIGNATURE OF SCHOOL DISTRICT/AGENCY OFFICIAL DATE

_____
TELEPHONE FAX NUMBER

Education records are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR § 99.31.