

**NOTIFICATION OF TRANSFER OF EDUCATION RECORDS**

To: \_\_\_\_\_  
Parents/Guardians \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Please be notified that copies of the Bondurant-Farrar Community School District official education records concerning \_\_\_\_\_

\_\_\_\_\_  
Full Legal Name of Student

\_\_\_\_\_  
Student I.D. Number

were transferred to:

\_\_\_\_\_  
School District Name

\_\_\_\_\_  
Address

on \_\_\_\_\_ upon the written statement that the student intends to enroll in said school system.  
Date

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**Adopted:** 06/14/1993

**Reviewed:** 06/09/1997; 04/09/2001; 03/29/2004; 03/12/2007; 05/09/2011; 5/22/2017

**Revised:** 04/28/2001; 04/12/2004; 04/09/2007; 06/13/2011; 5/22/2017