**TRANSFER OF PUPIL RECORDS FORM**

 **\*To be completed with Kindergarten Transition Form**

This is to certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the

parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby

request that the educational and medical records be transferred to:

Parent/Legal guardian privileges and obligations under the Family Educational Rights Privacy Act are:

1. Notification of the transfer of information.
2. If desired, a copy of records may be obtained with the cost of copying provided by parent/legal guardian.
3. An opportunity for a hearing to challenge the content of the records.
4. The right to refuse.

\*I have been informed and understand my rights regarding the transfer of pupil records and I **AGREE**  to have them released.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Legal Guardian Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Witness Date

\* I have been informed and understand my rights regarding the transfer of pupil records and I **DO NOT AGREE**  to have them released.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Legal Guardian Date

**THIS RELEASE FORM IS EFFECTIVE FOR ONE YEAR FROM THIS DATE**