

FORM C: AUTHORITY TO TRANSFER EDUCATION RECORDS

Date: _____

I, _____, the parent or legal guardian of
(Name)
_____, authorize the transfer of all of the above
(Name)
student's education records

From: _____ Public Schools
(School) _____, Oklahoma

TO: _____
(School Official) (School District)

(State) (Zip Code)

the school at which the above student seeks or intends to enroll or is enrolled, or the following parts of the education record, if applicable:

- | | |
|-------------------------|--------------------------------|
| _____ Scholastic Record | _____ Activity Record |
| _____ Census Data | _____ Health Record |
| _____ Attendance Record | _____ Behavioral Record |
| _____ Test Record | _____ Personal Recommendations |

Others (list) _____

I have been given the opportunity to inspect and challenge the above record.

Signature of Parent or Guardian

Principal

Date