

FORM D: AUTHORITY TO TRANSFER EDUCATION RECORDS

Date: _____

I, _____, a student 18 years of age or over
(Name)

(date of birth _____, authorize the transfer of all my education records
(Month) (Day) (Year)

From: _____ Public Schools
(School) _____, Oklahoma

TO: _____
(School Official) (School District)

(State) (Zip Code)

in which I am enrolled or seek or intend to enroll; 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 Student 18 or over

Principal

Date