Dear Parent/Guardian or Student:

This is to advise you that school records relating to your __________________________ (relationship) __________________________, will be transferred to __________________________.

__________________________, (student name)

If you desire, you may see or be given copies of those records to be transferred. They will be available between __________________________ at __________________________.

If you feel the content of those records is incorrect, you have the right to challenge them at a hearing.

If __________________________ is not contacted by __________________________, the District will assume that you do not want copies of those records and that you do not wish a hearing to object to their content.

Very truly yours,

______________________________________________
Signature

______________________________________________
Date