Board Policy

NOTIFICATION OF TRANSFER OF STUDENT RECORDS

To: _____   Date: _____
        Parent/or Guardian

_____   _____
            Street Address   City/State/ZIP

Please be notified that copies of the Bettendorf Community School District's official
student records concerning, (Full Legal Name of Student)_____ _____
have been transferred to:

_____   _____
        School District Name   Address

upon the written statement that the student intends to enroll in said school system.

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.

                                                    _____
                                                                            (Name)

                                                    _____
                                                                            (Title)

Reapproved: April 6, 2004   *Revised: August 6, 2012*
March 5, 2007