

## AUTHORITY TO TRANSFER EDUCATION RECORDS

To: \_\_\_\_\_  
SCHOOL DISTRICT/AGENCY

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STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP
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In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99.31, transfer of education records is requested for:

_____	_____
NAME OF CHILD	BIRTHDATE


Request for education records includes, but is not limited to: health, grades, cumulative, discipline records, and special education records. Transfer of student records, including disciplinary records, must be made in a timely manner, within three business days of receipt of request, under state law. (70 O.S. 24-101.4)

The student intends to enroll or is enrolled in our school district/agency. Therefore, please send records to:

_____	_____
SCHOOL/AGENCY OFFICIAL	SCHOOL DISTRICT/AGENCY

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STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP
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From:  \_\_\_\_\_

<b>Principal</b>	
SIGNATURE OF SCHOOL DISTRICT/AGENCY OFFICIAL	DATE

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<b>580-323-0311</b>	<b>580-323-2618</b>
TELEPHONE	FAX NUMBER

Education records are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR § 99.31.