FORM C: AUTHORITY TO TRANSFER EDUCATION RECORDS

Date: ___________________________ 

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

From: Gore Public Schools 
Gore, Oklahoma 

To: (School District)

(School)

(School Official)

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
Census Data
Attendance Record
Test Record

Activity Record
Health Record
Behavioral 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