

FORM C: AUTHORITY TO TRANSFER EDUCATION RECORDS

Date: \_\_\_\_\_

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

From: \_\_\_\_\_ (School)

Gore Public Schools  
Gore, Oklahoma

To: \_\_\_\_\_ (School Official)

(School District)

(State)

(Zip Code)

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