

FORM D: AUTHORITY TO TRANSFER EDUCATION RECORDS

Date: _____

I, _____ (Name) _____, a student 18 years of age or over
(date of birth _____) _____, authorize the transfer of all my education records
(Month) (Day) (Year)

From: _____ (School) _____ (Year) Gore Public Schools
Gore, Oklahoma

To: _____ (School Official) _____ (School District)
_____ (State) _____ (Zip Code)

in which I am enrolled or seek or intend to enroll; or the following parts of the education record, if applicable:

- | | |
|-------------------|--------------------------|
| Scholastic Record | Activity Record |
| Census Data | Health Record |
| Attendance Record | Behavioral Record |
| Test Record | Personal Recommendations |

Others (list) _____

I have been given the opportunity to inspect and challenge the above record.

Signature of Student 18 or over

Principal

Date