

Holy Savior School
115 Maine Ave.
Rumford, ME 04276

TRANSFER OF PUPIL RECORDS FORM

DATE _____

This is to certify that I, _____, the parent/legal guardian of the child/children listed below do hereby request that the educational records of the below listed child/children be transferred

TO:
Holy Savior School
115 Maine Ave
Rumford, ME 04276

From:

Parent/ legal guardian privileges and obligations under the Family Educational Rights and Privacy Act are:

1. Notification of the transfer.
2. If desired, a copy of records may be obtained with cost of copying provided by parent/legal guardian.
3. An opportunity for a hearing to challenge the content of the records to be approved.

I have been informed and understand my rights regarding the transfer of pupil records.

Signature of Parent/Guardian

Child / Children

Grade _____

Grade _____

Grade _____