

## East Union Community School District

Phone -- (641) 347-8421

FAX -- (641) 531-2301

(Please complete with address/phone/fax of previous school attended)

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The following student/s have enrolled in our school district:

<u>NAME</u>	<u>GRADE</u>	<u>DATE ENROLLED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

We would appreciate receiving the following school records for each student named above. Please include: regular cumulative records, current and past grades, a transcript of credits, standardized test and individual test records, immunization/health records, Title 1, and current and/or past special education records.

Please send to the following address:

East Union Community School District  
Attn: Records  
1916 High School Drive  
Afton, IA 50830

I give my permission for the record transfer.

\*Parent/Guardian Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Sincerely,

\_\_\_\_\_

**\*\*\*According to the Federal Law, Final Regulations-Family Education Rights and Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive the student's record without a written consent for such release.**