****

**Records Request**

|  |  |
| --- | --- |
| I/We hereby request records from (School or Agency): |  |
| Street Address:  |       |
| City: |        | State: |       | ZIP: |       |

*Student’s Information*

|  |  |  |
| --- | --- | --- |
| Legal Name: | Last |            |
|  | First |  |
|  | Middle |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Date: |       |  Colorado ID # (SASID#):  |  |
| Grade Level: |  |  Last date of attendance (approx.): |  |

|  |  |
| --- | --- |
| Signature of Parent/Guardian (if necessary\*)  |       |

*The following records are hereby requested:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Transcripts/report cards |  | [ ]  | Discipline records  |
| [ ]  | Test data/standardized test scores |  | [ ]  | Immunization/school health records |
| [ ]  | Attendance records |  | [ ]  | Psychological records |
| [ ]  | English Language (ELL) plan |  | [ ]  | Copy of birth certificate |
| [ ]  | Individual Literacy Plan (ILP) |  | [ ]  | Other                      |
| [ ]  | Individual Education Program (IEP) |  | [ ]  | Other                      |
| [ ]  | 504 Accommodations Plan |  | [ ]  | Other                      |

*Signature of Requesting School Representative:*

 Signature Title Date

**PLEASE MAIL, FAX OR SCAN TO**:

|  |  |
| --- | --- |
| Attn: |  |
| Receiving School or Department: |  |
| Address: |  |
| FAX # and/or E-mail (to scan docs): |  |

*\*The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.*