

District Records

Date of Request: \_\_\_\_\_

Name of Current School or Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Student Last: \_\_\_\_\_

Student First: \_\_\_\_\_

Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Colorado ID #: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Last date of attendance (approx.): \_\_\_\_\_

Signature of Parent/Guardian (if available) \_\_\_\_\_

**The following records are requested :**

Transcripts or report cards

Test data/standardized test scores

English Language (ELL) test score

List of courses and grades at time of withdrawal

Attendance records

Individual Literacy Plan

Individual Education Plan to include:

- Most recent annual IEP
- Most recent re-evaluation or eligibility
- Signed initial consent for services

504 Plan

Immunization records

Health/medical records

Sports physical documentation

Psychological records

Sociological records

Copy of birth certificate

Gifted and Talented (GT) identification & Advanced Learning Plan (ALP)

Court orders

Other information:

Signature of Requesting School Representative:

\_\_\_\_\_  
Signature Title Date

**PLEASE SEND STUDENT RECORDS TO:**

<b>Requesting School:</b>			
<b>Mailing address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email address:</b>	<b>Phone:</b>	<b>Fax:</b>	

*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.*