



Request for Student Records / Transcript

Date of Request: _____

Records Being Requested from:

Name of Previous School or Agency: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ FAX Number: _____

You are hereby authorized to release from your records the following information pertaining to:

Legal Name:
Last Name: _____
First Name: _____
Middle: _____
Date of Birth: _____ Colorado ID # (SASID #): _____
Grade Level: _____ Last date of attendance (approx.): _____

Signature of Parent/Guardian (if available): _____

Please include the following information:

- Transcripts or report cards
- Test data / standardized test scores
- English Language (ELL) test score (if applicable)
- List of courses and grades at time of withdrawal
- Attendance records
- Discipline records
- Individual Literacy Plan (if applicable)
- IEP (Individual Education Plan) (if applicable)
- Medical and Health (including Immunization records, Sports physical documentation)
- Copy of Birth Certificate
- 504 Plan (if applicable)
- Psychological records
- Sociological records
- Other _____

Thank you for your assistance!

School Representative Signature	Title	Date
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PLEASE MAIL THE STUDENT’S RECORDS TO:

**Attn: Yvonne Garvin
Heatherwood Elementary School
7750 Concord Drive
Boulder, CO 80301**

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.