# Request for Student Records

Date of Request: Click or tap to enter a date.

*Originating School or Institution:*

Name of Previous School or Agency: Click or tap here to enter text.

Previous School’s Street Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

***Student’s Information:***

Last Name: Click or tap here to enter text.
First Name: Click or tap here to enter text.
Middle Name: Click or tap here to enter text.
Date of Birth: Click or tap to enter a date.
Colorado State ID # (SASID): Click or tap here to enter text.
Grade Level: Choose an item.
Last date of attendance (approx.): Click or tap to enter a date.

Signature of Parent/Guardian:

 Click or tap here to enter text. Click or tap to enter a date.

Signature Printed Name Date

## The following records are hereby requested, if applicable:

|  |  |
| --- | --- |
|[ ]  Transcripts or report cards |[ ]  Advanced Learning Plan/GT Plan |
|[ ]  Test data/ standardized test scores |[ ]  Discipline records |
|[ ]  Graduation Guidelines measures/scores |[ ]  Immunization records |
|[ ]  English Language (EL) test score(s) |[ ]  Health/medical/sports/physical records |
|[ ]  List of courses and grades at time of withdrawal |[ ]  Psychological records |
|[ ]  Attendance records |[ ]  Sociological records |
|[ ]  Multi-Tiered System of Supports (MTSS) Plan |[ ]  Colorado READ Plan |
|[ ]  IEP (Individual Education Plan) |[ ]  Copy of birth certificate |
|[ ]  504 Plan |[ ]  Other: |

 *School/District Representative providing this information:* Click or tap to enter a date.

Signature Date

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Printed Name Title Phone Number

SEND THE REQUESTED RECORDS TO:

**Receiving School / District
Street Address
Telephone
Fax**