# Confirmation of Enrollment and Attendance/Request for Student Records

**The originating school should keep a copy of this form as adequate documentation of transfer.**

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

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

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:*** (To be provided by the current school or agency.)

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.

**The student listed above enrolled in our school on (date):** Click or tap to enter a date.

**The student began attending classes in our school on (date):** Click or tap to enter a date.

*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

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

**All Records**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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: |

SEND THE REQUESTED RECORDS TO:

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