# Request for Student Records

Date of Request:

*Originating School or Institution:*

Name of Previous School or Agency:   
Street Address:   
City: State: Zip:

***Student’s Information:***

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

Signature of Parent/Guardian:

Signature Printed Name Date

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Transcripts or report cards |  | Advanced Learning Plan/GT Plan |
|  | Assessment 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:*

Signature Date

Printed Name Title Phone Number

SEND THE REQUESTED RECORDS TO:

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