# 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:***

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| --- |
| 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**