

Please send this completed form to 6500 Arapahoe Rd Boulder, CO 80303 or by email to enrollment.helpdesk@bvsd.org

If you have any questions please call 720-561-6081

RECORDS REQUEST

Student Information:

First Name:	Middle Name:	Last Name:
Date of Birth:	Last Name at Time of Attendance:	
Last School of Attendance:		Last Year of Attendance:

Requester Information:

First Name:	Last Name:
Relationship to Student:	E-mail Address:
Home Phone Number:	Cell Phone Number:

Records Requested:

- | | |
|---|--|
| <input type="checkbox"/> Enrollment Verification | <input type="checkbox"/> Transcript |
| <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Other, please specify: _____ | |

Send Records to the Following Locations:

Address 1:

<input type="checkbox"/> please send records through U.S. mail <input type="checkbox"/> Official OR <input type="checkbox"/> Unofficial	<input type="checkbox"/> please fax records	<input type="checkbox"/> please email records
Company Name:	First Name:	Last Name:
Street:	City:	State: Zip:
Fax Number:	Email:	

Address 2:

<input type="checkbox"/> please send records through U.S. mail <input type="checkbox"/> Official OR <input type="checkbox"/> Unofficial	<input type="checkbox"/> please fax records	<input type="checkbox"/> please email records
Company Name:	First Name:	Last Name:
Street:	City:	State: Zip:
Fax Number:	Email:	

Signature

Relationship to Student

Date