



Request for Student Records / Transcript

Date of Request: _____

Records Being Requested from:

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

You are hereby authorized to release from your records the following information pertaining to:

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

Signature of Parent/Guardian (if available)

Please include the following information:

- Transcripts or report cards
- Test data / standardized test scores
- English Language (ELL) test score (if applicable)
- List of courses and grades at time of withdrawal
- Attendance records
- Discipline records
- Individual Literacy Plan (if applicable)
- IEP (Individual Education Plan) (if applicable)
- Medical and Health (including Immunization records, Sports physical documentation)
- Copy of Birth Certificate
- 504 Plan (if applicable)
- Psychological records
- Sociological records
- Other _____

Thank you for your assistance.

School Representative Signature

Title

Date

PLEASE MAIL THE STUDENT'S RECORDS TO:

Mesa Elementary School
1575 Lehigh Street
Boulder, CO 80305
Phone: (720) 561-3000
Fax: (720) 561-3001

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.