

800 South Taft Avenue • Loveland, CO 80537 • Office: (970) 613-6781 or (970) 613-6881 • Fax: (970) 613-5097

Student Records

**Request to Release or Secure Confidential Records
(Not required for Release to another Administrative Unit)**

_____ SASID _____ Grade _____ DOB _____
Legal Name of Student

_____ Date of IEP Meeting, if applicable _____
School of Attendance

- Educational (specify) _____

- Medical (specify) _____

- Special Education (specify) _____

- Other _____

Agency To:	Agency From:
Agency:	Agency: Thompson School District
Name:	Name: Student Records
Phone:	Phone: (970) 613-6781/(970) 613-6881
Address:	Address: 800 South Taft Avenue
City:	City: Loveland
State:	State: Colorado
Zip:	Zip: 80537

All information released or secured will be in compliance with the Family Education Rights and Privacy Act and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent, except as provided by law.

PARENTAL CONSENT

(Please email this form to student-records@tsd.org.)

I hereby authorize the transfer of information as stipulated above. Yes No

Signature of Student

Date

Signature of Parent(s)

Date

