

**REQUEST TO OTHER EDUCATIONAL AGENCIES FOR RELEASE OF STUDENT INFORMATION  
TO THE DOUGLAS COUNTY SCHOOL DISTRICT RE. 1**

**Please send all designated records to:**

**HERITAGE ELEMENTARY SCHOOL**

3350 Summit View Parkway  
Highlands Ranch, CO 80126  
(303) 387-6725

FAX Phone: (303) 387-6726  
Registrar Phone: (303) 387-6729

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**I HEREBY AUTHORIZE:**

Name of School: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

**TO RELEASE THE FOLLOWING RECORDS TO THE DOUGLAS COUNTY SCHOOL DISTRICT:**

- |  |  |
|--|--|
| <input type="checkbox"/> Official Administrative Record (name, address, birth certificate, grade level completed, grades, grading scale, credits earned, attendance, discipline) |  |
| <input type="checkbox"/> Scholastic/Achievement Record   | <input type="checkbox"/> Medical / Immunization Records                |
| <input type="checkbox"/> Intelligence and Aptitude Test Scores   | <input type="checkbox"/> Personality and Interest Test Scores          |
| <input type="checkbox"/> Standardized Test / ACT / SAT Data  | <input type="checkbox"/> Special Education / Section 504 / ILP Records |
| <input type="checkbox"/> Discipline File, including record of Suspension / Expulsion   | <input type="checkbox"/> Gifted & Talented                             |
|  | <input type="checkbox"/> Other _____                                   |

**Has the above-mentioned student ever been suspended?**

☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

**Has the above-mentioned student ever been expelled or recommended for expulsion?**

☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

**Has this student received any previous testing, evaluations or services in any of the following areas?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Individual Education Plan (IEP) | <b>Disability Area:</b> _____                |  |
| <input type="checkbox"/> Individual Literacy Plan (ILP)  | <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Counseling                      | <input type="checkbox"/> 504 Services        | <input type="checkbox"/> Other _____   |

**FALSE INFORMATION ON THIS FORM MAY JEOPARDIZE THE STUDENT'S ENROLLMENT IN SCHOOL.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: (circle one) Parent/Guardian Student (18 years and older) Registrar Other \_\_\_\_\_

*According to the Family Educational Rights and Private Act, a student's education records can be disclosed without parental consent to school officials of another school or school system where the student seeks to enroll. Under limited circumstances, Colorado law allows withholding only of a student's diploma, transcript, or grades for unpaid book fees. All other records must be provided.*

(Office Use Only)  
Records Requested \_\_\_\_\_ By \_\_\_\_\_ Via FAX ☐ Via Mail ☐ Received Records \_\_\_\_\_