



Weld County School District RE-5J
110 S. Centennial Drive, Suite A
Milliken, CO 80543
Fax (970)-587-2607
Email: marcia.rodriquez@weldre5j.org

In order to obtain your school records please fill out this form, sign it and mail, email or fax it back.

Student Name at Time of Attendance (Other Name Used) _____

Date of Birth _____

Contact Phone Number _____

Parent(s) Name _____

Name of School Attended _____

Dates of Attendance/Graduation Date (if applicable) _____

I hereby authorize Weld County School District RE-5J to release the following official school records. (if available in the school file)

___ Transcript/Report Card

___ Immunization Record

___ Other (please state) _____

Please send these records: ___ Mail copies ___ Fax copies ___ Email

Name: _____

Address: _____

City/State/Zip: _____

Fax: _____ Email: _____

Signature _____ Date _____



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110 S. Centennial Drive, Suite A
Milliken, CO 80543
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Email: marcia.rodriguez@weldre5j.org

In order to obtain your **SPECIAL EDUCATION** school records please fill out this form, sign it and mail or fax it to the address or fax number listed at the top of the form.

Student Name at Time of Attendance (Other Name Used) _____

Date of Birth _____

Parent(s) Name _____

Contact Phone Number _____

Name of School Attended _____

Dates of Attendance/Graduation Date (if applicable) _____

I hereby authorize Weld County School District RE-5J to release the following Special Education school records.

Please furnish these copies to: ___Mail copies ___Fax copies ___Email

Name: _____

Address: _____

City/State/Zip: _____

Fax: _____

Email: _____

Signature _____ Date _____