



Request for Student Records

This form and all supporting documentation can be provided to the student's last school of attendance or Enrollment at 6500 Arapahoe Rd. Boulder, CO 80303 or enrollment.helpdesk@bvsd.org. A Release of Information is also required if the records are to be sent to any party other than the parent/guardian or eligible student.

Student Information:

| | | |
|---------------------------|--|-------------------------|
| First Name | Middle Name | Last Name |
| Date of Birth | Last Name at Time of Attendance (if different) | |
| Last School of Attendance | | Last Year of Attendance |

Requester Information:

| | |
|-------------------------|------------------------|
| First Name | Last Name |
| Relationship to Student | Agency (if applicable) |
| Email Address | Phone Number |

Records Requested:

- | | |
|--|--|
| <input type="checkbox"/> Standardized Test Results <input type="checkbox"/> Enrollment History <input type="checkbox"/> Transcript (<input type="checkbox"/> Official or <input type="checkbox"/> Unofficial) <input type="checkbox"/> Behavior/Discipline <input type="checkbox"/> Health Services (<input type="checkbox"/> Immunizations, <input type="checkbox"/> Health Care Plans, <input type="checkbox"/> Medication Logs, <input type="checkbox"/> Other) | <input type="checkbox"/> Student Support (<input type="checkbox"/> 504 Plan <input type="checkbox"/> READ Plan <input type="checkbox"/> MTSS or <input type="checkbox"/> Gifted & Talented) <input type="checkbox"/> Attendance <input type="checkbox"/> Cumulative Record (Personal Information, Enrollment History, Academic Performance) <input type="checkbox"/> Complete Educational Record (all documents related to or mentioning student) <input type="checkbox"/> Other: _____ |
|--|--|

Send Records To:

| | | |
|--|---|---|
| <input type="checkbox"/> Send records via U.S. Mail (<input type="checkbox"/> Official or <input type="checkbox"/> Unofficial) | <input type="checkbox"/> Send records via Fax | <input type="checkbox"/> Send records via Email |
| First Name | Last Name | Company Name |
| Address | | |
| Fax Number | Email | Phone Number |

Signature of Requester

Date