CAPROCK ACADEMY

CHARACTER. ACCOUNTABILITY. ACADEMICS.

Request for Records

(PLEASE PRINT)

Today's Date: / /

Child's Legal Name:

First	Middle	Last
Grade	Date of Birth	Gender: □ Male □ Female

I hereby authorize:

School Most Recently Attended by Student:

Address	City	State	Zip

Phone Number: ( )

Fax Number: ( )

to release all school records including, but not limited to: academics, testing, health records, discipline, attendance, special services, and any other relevant documents to Caprock Academy.

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 the above-mentioned student ever been retained? □ Yes □ No
If Yes, at which grade was the student retained?

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

□ Individual Education Plan (IEP) Disability Area: _____
□ Gifted and Talented □ Psychological □ Counseling
□ 504 Services □ READ Plan □ Other _____

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

Authorized Signature:	Date:

Relationship to student: □ Parent/Guardian □ Student (18 years and older) □ Registrar □ Other: _____

According to the Family Educational Rights and Privacy 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 a student's diploma, transcript, or grades for unpaid book fees. All other records must be provided.

Please send all records to:

Caprock Academy
Attn: Registrar
714 24 1/2 Road
Grand Junction, CO 81505
records@caprockacademy.org
Phone: (970) 243-1771 Fax: (970) 243-3612