# RELEASE OF EDUCATION RECORDS

Records Office: 24951 Highway 50 East, Pueblo, CO 81006
Phone: 719-295-6546 Fax: 719-543-6588

Authorization is hereby granted to release the educational records described below, held by Pueblo County School District 70 in Pueblo, Colorado, concerning the student named below:

Student: _____
Last Name (at time of graduation) First Name Middle Initial

Contact Phone Number: _____ Date of Birth: _____

School Attended: _____ Year Graduated/Attended: _____

Records Needed: _____ Transcript _____ ACT _____ Immunization _____ Other _____

SEND TO: _____

(please print) _____

_____

_____

The person or agency receiving these records MUST NOT TRANSFER THE INFORMATION TO ANY OTHER PERSON OR AGENCY WITHOUT WRITTEN CONSENT.

According to Federal Law (PL 93-380), I have a right to review the education records of the student on request. I also have the right to challenge any contents, which may be inaccurate, or misleading or otherwise in violation of the privacy or other rights of students.

PLEASE CHECK ALL THAT APPLY:

____ I certify that I am over 18 years of age and I am the student named above

____ I certify that I am the parent or legal guardian of the above named student who is under the age of 18

____ I authorize Pueblo County School District 70 to send my records to the location/E-mail listed on this release form. I understand that sending records via E-mail is not a secure format and I will not hold Pueblo County School District 70 or its employees accountable.

_____ _____
Signature Date