

**EAST OTERO SCHOOL DISTRICT R-1**  
**301 RATON AVENUE**  
**LA JUNTA, CO 81050**  
**(719)384-6900 FAX (719)384-6910**

RELEASE OF TRANSCRIPT OR EDUCATION RECORDS

STUDENT: \_\_\_\_\_  
Last Name (at time of Graduation) First Name Middle Name

Date of Birth: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Year Withdrew: \_\_\_\_\_

Records to be released: \_\_\_\_\_

Records sent to: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Party to whom released: \_\_\_\_\_  
(Name)

Reason for release: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Eligible Student Date

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Signature of Releaser Date