

Request to Change Address after Exit from Poudre School District

Student Info

Student's Name (At Time of Attendance): _____
 Student's Current Name (If Different): _____
 Date of Birth: _____ Last PSD School & Year Attended _____

Address Change Information

Address _____
 City/State/Zip _____
 Telephone _____ Email _____

Verification and Consent

I certify that I am (check one of the boxes corresponding to the applicable statement below):

- The person in interest named above and at least 18 years of age or attending a post-secondary educational institution.
- The parent/legal guardian of the person in interest named above who is under the age of 18. There are no known legal orders preventing me from having access to these records.
 Printed Name _____
- The parent/legal guardian of the person in interest named above who is a legal dependent according to dependency guidelines and is a dependent claimed on the my (the parent's) federal income tax return.
 Printed Name _____
 Last 4 SS# _____ Last Year Claimed _____

 Parent/Guardian/Student Signature

 Date

Return information

Remit Form VIA:

- Email
- Fax
- US Mail



TO: Poudre School District

Records Center
 2407 LaPorte Avenue, Building G
 Fort Collins, CO 80521

Fax: 970-490-3003

Email: psdrecords@psdschools.org

Questions? 970-490-3142

For Office Use Only

- Special Ed Department _____ / _____
- OTG/Correspondence _____ / _____
- Alumni _____ / _____

 SID

 PSD/Date