



# ELIGIBLE STUDENT/PARENT GUARDIAN REQUEST FOR STUDENT TRANSCRIPTS OR EDUCATION RECORDS

PSD Records Center  
970-490-3142  
psdrecords@psdschools.org  
970-490-3003 FAX

**Student's Name at Time of Attendance**  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Graduate of PSD? Yes  No  Last PSD School and Year Attended \_\_\_\_\_

**Student's Current Information**  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

**Information Requested (check all that apply)**

Unofficial Transcript  Immunizations  
 Official Transcript - *Request must accompany \$3 fee (Official transcripts cannot be faxed or emailed)*  
 Other Academic File Contents (See fee schedule) \_\_\_\_\_

**Requestor is responsible for providing the correct mailing address, fax number and/or e-mail address.**

Fax Records to \_\_\_\_\_  Records will be picked up on \_\_\_\_\_  
 E-mail to: \_\_\_\_\_  
 Mail Records To: (School/Agency/Other Name) \_\_\_\_\_  
 Attn: \_\_\_\_\_

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

The student named above and at least 18 years of age or attending a post-secondary educational institution.  
 The student named above and at least 18 years of age or attending a post-secondary educational institution and am releasing my information to the following individual, \_\_\_\_\_, to be picked up on \_\_\_\_\_.  
Print Name Date  
 The parent/legal guardian of the person in interest named above who is under the age of 18 or is not attending a post-secondary educational institution. There are no known legal orders preventing me from having access to these records.  
 \_\_\_\_\_  
Print Name  
 The individual authorized to obtain records for the above-named person. PSD Records Center has been provided either a signed release from the above-named person or has been provided a signed Declaration of Dependency Status Form. Not for requests to release records to a Third Party. Use the Consent to Release Education Records to a Third Party Form.  
 \_\_\_\_\_  
Print Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Student/Parent/Legal Guardian (NOTE: we must have a signature to process the request)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Other Authorized Individual (NOTE: we must have a signature to process the request)

References: FERPA (20 U.S.C. § 1232g; 34 CFR 99.31) Poudre School District Policy JRA/JRC – Student Records/Release of Information on Students

*For Office Use Only*

Date Picked Up/Mailed/Faxed/E-mailed \_\_\_\_\_  
 DL/Other ID # \_\_\_\_\_ Compare Photo \_\_\_\_\_ Verified By \_\_\_\_\_  
 \$ \_\_\_\_\_  CC/CR \_\_\_\_\_ G NG 40 SID \_\_\_\_\_ 8/18/2017