



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

POUDRE SCHOOL DISTRICT

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