



POUDRE SCHOOL DISTRICT

REQUEST FOR SPECIAL EDUCATION RECORDS

Please Print Clearly and Fill Out Completely

Poudre School District
Records Department

970-490-3142
970-490-3003 FAX
psdrecords@psdschools.org

Student's Last Name (At Time of Attendance) _____ First Name _____ MI _____
Last 4 Digits of SSN _____ DOB _____ Phone # _____ PSD ID# _____

Reason for requesting records: _____
Documents requested: _____

- Records will be picked up on _____
- Email records to (Agency/School/Name): _____ (Email Address) _____
- Fax records to (Agency/School/Name): _____ (Fax #) _____
- Mail records to: (Agency/School/Name) _____ Attn: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____

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

- The person in interest (student) named above and at least 18 years of age or attending a post-secondary educational institution.
- The person in interest 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 NameDate
- 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 Department has been provided either a signed release from the above-named person or a Declaration of Dependency Status Form. _____
Print Name

Signature: _____ Date: _____
Person in interest/parent/legal guardian

Signature: _____ Date: _____
Other authorized individual

For Office Use Only

ID Type/# _____ Date Picked Up/Mailed/Faxed/E-mailed _____ SID _____ / _____
Compare Photo _____ Verified By _____ CC CC#/C/R# _____ \$ _____ Verified By _____