



POUDRE SCHOOL DISTRICT

## REQUEST FOR STUDENT TRANSCRIPTS/RECORDS

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

## Student's Name at Time of Attendance

Name \_\_\_\_\_  
Last Name First Name MI

Graduate of PSD? Yes ☐ No ☐ Last PSD School and Year Attended \_\_\_\_\_

## Student's Current Information

Name \_\_\_\_\_  
Last Name First Name MI

Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

## Information Requested (check all that apply)

- ☐ Unofficial Transcript (no fee) ☐ Immunizations (no fee)  
☐ Official Transcript (*Request must accompany \$3 fee and sent via US Mail or picked up in person - CANNOT be emailed or faxed*)  
☐ 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 \_\_\_\_\_.  
 Date Print Name  
☐ 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. \_\_\_\_\_  
 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 \_\_\_\_\_

SID \_\_\_\_\_

\$ \_\_\_\_\_ ☐ CC/CR \_\_\_\_\_

G \${prior}{+1} ↓ NG \${crrnt}{+1} ↓||40

10/18/2016