



CONSENT TO RELEASE STUDENT EDUCATION RECORDS TO A THIRD PARTY

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

Student's Information

Name at Time of PSD School Attendance:

Last Name First Name MI
Date of Birth: Last Year Enrolled: PSD Graduate? Yes No

Last PSD School of Attendance:

Current Name:

Last Name First Name MI

Current Phone Number:

Third Party (Person, Company or Agency) to Whom the Records are to be Released

Name:

Address:

Street City State Zip Code

Phone Number: FAX:

Email Address:

Records Requested

Attendance Records (Specify Dates:) Birth Certificate Discipline Records
Immunization Records Report Card/Unofficial Transcript Standardized Test Scores
Official Transcript (\$3.00 fee) IEP/504/Spec. Ed. Records (Specify:) Complete Education File
Other Records (Please be specific):

Purpose for the Disclosure of the Requested Records – Please be Specific

Please describe the purpose for the requested disclosing of the records (attach additional sheets if necessary):

Authorization to Release Records

I am the student named above and am 18 years of age or attending a post-secondary educational institution.

Signature: Date:

I am the parent/guardian of above named student. Type Name:

Signature: Date:

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: _____ 11/01/17