



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
Month Day Year

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. Print 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: _____ 11/1/17