

Request for Student Records				
	Date of Request:			
Originating School or Institution				
Name of Previous School or Agency:				
Street Address:				
City:		State:	ZIP:	
Student's Information				
Legal Name: Las	st			
Firs	st			
Middl	е			
Birth Date: Colorado ID # (SASID#):				
			ndance (approx.):	
Signature of Parent/Guardian (if available)				
The following records are hereby requested:				
Transcripts or report cards			Discipline records	
Test data / standardized test scores			Immunization records	
English Language (ELL) test score (if applicable)			Health / medical records	
List of courses and grades at time of withdrawal			Sports physical documentation	
Attendance records			Psychological records	
Individual Literacy Plan (if applicable)			Sociological records	
IEP, Evaluation, and Eligibility (if applicable)			Copy of birth certificate	
504 Plan (if applicable)			Other	
Signature of Requesting School Representative:				
Signature		Title		Date
PLEASE MAIL/FAX TO THE FOLLOWING SCHOOL – ATTN: REGISTRAR:				
Woodland Park High Scho	ol	PO Box 6820	Woodland Park, CO 80863	719-686-2491
Woodland Park Middle Sch	nool	PO Box 6790	Woodland Park, CO 80863	719-687-8458
Columbine Elementary Sci	nool	PO Box 6700	Woodland Park, CO 80863	719-687-8473
Gateway Elementary Scho	ol	PO Box 6670	Woodland Park, CO 80863	719-687-8475
Summit Elementary School	ı	PO Box 339	Divide, CO 80814	719-687-8469

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.