

Request to Release or Secure Student Records Information and Confirm Enrollment and Attendance*

(from/to outside schools or agencies)

Use this form to request records from a school or agency outside of Poudre School District for a student who intends to enroll, or has enrolled, in a PSD School.

Student Info

Student Name: _____ Grade _____

Date of Birth: _____ Colorado ID# (SASID): _____ SID _____

Current PSD School Information

Remit Records VIA:

- ☐ Email
☐ Fax
☐ US Mail



TO: CACHE LA POUDRE MIDDLE SCHOOL

ATT: Carla Bredehoft, Registrar

3515 W County Road 54G

LaPorte, CO 80535

PHONE: 970-488-7405 FAX: 970-488-7433

EMAIL cbredeho@psdschools.org

Previous School/Agency

School/Institution/Agency _____

Address _____

City/State/Zip _____

Telephone _____ Fax Number _____ Email _____

Requested Information

Please send the following records. Thank you.

- | | | |
|---|--|---|
| <input type="checkbox"/> All Academic Records | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Advanced Learning Plan/GT Data |
| <input type="checkbox"/> Transcript or Report Cards | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Legal/Court Orders |
| <input type="checkbox"/> Response to Intervention | <input type="checkbox"/> Withdrawal Grades/Courses | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Data and/or Read Plan | <input type="checkbox"/> at time of Withdrawal | <input type="checkbox"/> _____ |

IEP/Special Education records are processed through the PSD Records Center only -- psdrecords@psdschools.org

☐ VERBAL CONTACT ONLY

PSD Contact: _____ Phone: _____

Parental Consent

(not required for school-to-school requests*)

All information released or secured will be in compliance with the Family Education Rights and Privacy Act (FERPA). No additional information will be released or secured without prior approval from the parent except as provided by law.

I hereby authorize the transfer of information as stipulated above.

Parent/Guardian Signature

Date

Confirmation of Enrollment and Attendance

(The previous school should keep a copy of this form for verification of transfer.)

- ☐ The Student listed above enrolled in our school on _____ (date).
☐ The Student began attending classes on _____ (date).
☐ The Student is pre-registered in our school with a tentative start date of _____ (date).

Signature of the School/District Representative providing this information:

Signature

Title

Date

*FERPA (20 U.S.C. § 1232g; 34 CFR 99.31) as revised, states 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

