



CONSENT TO RELEASE STUDENT EDUCATION RECORDS TO A THIRD PARTY

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

Student's Information

Name at Time of PSD School Attendance:

Last Name First Name MI

Date of Birth: ____/____/____

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: _____

Phone Number: _____

Email Address: _____

Records Requested

- | | | |
|---|--|---|
| <input type="checkbox"/> Attendance Records
(Specify Dates: _____) | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Report Card/ Transcript | <input type="checkbox"/> Student Profile |
| <input type="checkbox"/> Enrollment History | <input type="checkbox"/> IEP/504/Spec. Ed. Records
(Specify: _____) | <input type="checkbox"/> All the Above (Student
Cumulative File) |
| <input type="checkbox"/> Safety Plan | | |
| <input type="checkbox"/> 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