

RELEASE OF TRANSCRIPT OR EDUCATION RECORDS

Mail to: Records, 24951 Highway 50 East, Pueblo, CO 81006
Fax to: 719-542-8006

Authorization is hereby granted to release the transcript or education records described below held by Pueblo School District 70, Pueblo, Colorado, concerning the student named below:

STUDENT: _____
Last Name (at time of graduation) First Name Middle Name

Date of Birth: _____ Last School Attended: _____

Year Graduated: _____ Year Withdrew: _____

Records to be released: _____

Party to whom released: _____
(Name)

(Address)

(City, State, Zip)

Reason for release: _____

The person or agency receiving these records **MUST NOT TRANSFER THE INFORMATION TO ANY OTHER PERSON OR AGENCY WITHOUT WRITTEN CONSENT.**

According to Federal Law (PL 93-380), I have a right to review the education records of the student on request. I also have the right to challenge any contents, which may be inaccurate, or misleading, or otherwise in violation of the privacy or other rights of students.

Please check one of the following:

____ I certify that I am over 18 years of age and I am the student named above.

____ I certify that I am the parent or legal guardian of the above named student who is under the age of 18.

Signature

Date