# Confirmation of Enrollment and Attendance/Request for Student Records

**The originating school should keep a copy of this form as adequate documentation of transfer.**

Date of Request:

Name of Current School or Agency:

Name of Previous School or Agency:

Previous School’s Street Address:

City: State: Zip:

***Student’s Information:*** (To be provided by the current school or agency.)

|  |
| --- |
| Last Name: |
| First Name: |
| Middle Name: |
| Date of Birth: |
| Colorado State ID # (SASID): |

**The student listed above enrolled in our school on (date):**

**The student began attending classes in our school on (date):**

*School/District Representative providing this information:*

Signature Date

Printed Name Title Phone Number

## The following records are hereby requested, if applicable:

[ ]  **All Records**

|  |  |
| --- | --- |
|[ ]  Transcripts or report cards |[ ]  Advanced Learning Plan/GT Plan |
|[ ]  Test data/ standardized test scores |[ ]  Discipline records |
|[ ]  Graduation Guidelines measures/scores |[ ]  Immunization records |
|[ ]  English Language (EL) test score(s) |[ ]  Health/medical/sports/physical records |
|[ ]  List of courses and grades at time of withdrawal |[ ]  Psychological records |
|[ ]  Attendance records |[ ]  Sociological records |
|[ ]  Multi-Tiered System of Supports (MTSS) Plan |[ ]  READ Plan |
|[ ]  IEP (Individual Education Plan) |[ ]  Copy of birth certificate |
|[ ]  504 Plan |[ ]  Other: |

SEND THE REQUESTED RECORDS TO:

**Receiving School / District
Street Address
Telephone
Fax**