

ADAMS 14 School District  
STUDENT RECORDS  
5291 E 60<sup>th</sup> Avenue  
Commerce City, CO 80022  
Phone: 303-853-3238 Fax: 303-853-3329  
nmorales@adams14.org

**Must present  
picture ID  
with signature**

Last Name:

First Name:

# Request for Copies of Student Education Records

*FERPA (Family Education Rights to Privacy Act) Federal Statute, requires a signature from a Legal Guardian or Eligible Student (must be 18) to request records.*

I hereby request Adams 14 to release copies of the following student's cumulative education record including:

- Transcript     Immunizations     Attendance     Test Data     All Records  
 Official Transcript    Other Records \_\_\_\_\_

## 1) Print Name (while enrolled in school) and Student's Birth Date:

_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

**NOTE: Print Name and Date on edge of paper** 

## 2) Address & Signature to authorize the release of requested information by parent/legal guardian, individual or institution acting on behalf of parent/legal guardian, or the student 18 years of age or older.

_____	_____	_____	_____
Address	City	State	Zip code
_____	_____	_____	_____
Signature	Date	Phone / Email	

## 3) Enter name of person, school or agency, if records are to be released to them: (If to a person, they need to show ID to release records to them)

\_\_\_\_\_

Name and Relationship to student; or School, Agency, etc.

\_\_\_\_\_

Address where records are to be mailed

\_\_\_\_\_

City                      State                      Zip code

(    ) \_\_\_\_\_ - \_\_\_\_\_

FAX number, if records are to be faxed                      Email address