

Adams 14 School District
STUDENT RECORDS DEPARTMENT
5291 E. 60th Avenue
Commerce City, CO 80022
Phone: 303-853-3238 Fax: 303-853-3329
studentrecords@adams14.org

**Must present
Picture ID with
photo**

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 Official Transcript Immunization Attendance Behavior
 Test Data All Records

Other Records (please specify): _____

1). Print Student's Name while enrolled in school and Birth Date (You may list up to 4 students):

_____	_____
Name & Birth Date	Name & Birth Date
_____	_____
Name & Birth Date	Name & Birth Date

NOTE: Print Name and Last Name 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
_____	_____	_____	_____
Phone Number	Email Address	Fax Number	
_____	_____	_____	
Signature	Date	_____	

3). Delivery / Pick-Up Method (please select only one):

- In-person pick-up to requesting party Mail home to current address listed above
 Fax Email
 Release to another person, school, or agency (please proceed to complete section 4)

4). Enter name of person, school or agency, if records are to be released to them:

NOTE: To release records to a person, photo ID is required or employee badge if to a school or agency.

_____	_____		
Name of Individual / School, Agency, etc.	Relationship to student		
_____	_____		
Street Address	City	State	Zip code
_____	_____	_____	_____
FAX number	Email address		

Delivery / Pick-Up Method (please select only one):

- In-person pick-up U.S. Mail Fax Email

Last Name: _____

First Name: _____