



**Request for Student Record**

Date:

Name and address of last school attended.

The student mentioned below is enrolling at Mountain Phoenix Community School.

**Student Information:**

Student's legal name:

Student's date of birth:

\_\_\_\_\_
Last First Middle initial

\_\_\_\_/\_\_\_\_/\_\_\_\_
MM DD YYYY

**Please send the following records:**

- \_\_\_ All Academic Records
\_\_\_ Discipline Records
\_\_\_ Health Records
\_\_\_ Attendance Records
\_\_\_ Special Education Records (IEP)
\_\_\_ Other, please specify: \_\_\_\_\_

**Mailing Information:**

Please fax or mail requested records to:
Mountain Phoenix Community School
Attn: Records
4725 Miller Street
Wheat Ridge, CO 80033
Phone: 303.728.9100 Fax: 303.728.9801

**Authorization to Release Records**

Parent/Guardian signature (students under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974, as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent or the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll. Form Revision 8/14/08. Questions regarding this form should be directed to 303-982-6715.