

REQUEST TO OTHER EDUCATIONAL AGENCIES FOR RELEASE OF STUDENT INFORMATION TO THE DOUGLAS COUNTY SCHOOL DISTRICT RE. 1

Please send all designated records to:

DCS MONTESSORI SCHOOL
311 Castle Pines Parkway
Castle Pines, CO 80108
Email: admin@dcsmontessori.org

Fax: 720-710-9971
Registrar: 720-531-3309
Main: 720-531-3311

Name of Student: _____ Date of Birth: _____ Grade: _____

I HEREBY AUTHORIZE:

Name of School: _____ Last Date Attended: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone No.: _____ FAX No.: _____

TO RELEASE THE FOLLOWING RECORDS TO THE DOUGLAS COUNTY SCHOOL DISTRICT:

<input type="checkbox"/> Official Administrative Record (name, address, birth certificate, grade level completed, grades, grading scale, credits earned, attendance, discipline)	<input type="checkbox"/> Medical / Immunization Records
<input type="checkbox"/> Scholastic/Achievement Record	<input type="checkbox"/> Personality and Interest Test Scores
<input type="checkbox"/> Intelligence and Aptitude Test Scores	<input type="checkbox"/> Special Education / Section 504 / ILP Records
<input type="checkbox"/> Standardized Test / ACT / SAT Data	<input type="checkbox"/> Gifted & Talented
<input type="checkbox"/> Discipline File, including record of Suspension / Expulsion	<input type="checkbox"/> Other _____

Has the above-mentioned student ever been suspended?

Yes No If Yes, please explain: _____

Has the above-mentioned student ever been expelled or recommended for expulsion?

Yes No If Yes, please explain: _____

Has this student received any previous testing, evaluations or services in any of the following areas?

<input type="checkbox"/> Individual Education Plan (IEP)	Disability Area: _____	<input type="checkbox"/> Psychological
<input type="checkbox"/> Individual Literacy Plan (ILP)	<input type="checkbox"/> Gifted and Talented	<input type="checkbox"/> Other _____
<input type="checkbox"/> Counseling	<input type="checkbox"/> 504 Services	

FALSE INFORMATION ON THIS FORM MAY JEOPARDIZE THE STUDENT'S ENROLLMENT IN SCHOOL.

Authorized Signature: _____ Date: _____

Relationship to Student: (circle one) Parent/Guardian Student (18 years and older) Registrar Other _____

According to the Family Educational Rights and Private Act, a student's education records can be disclosed without parental consent to school officials of another school or school system where the student seeks to enroll. Under limited circumstances, Colorado law allows withholding only of a student's diploma, transcript, or grades for unpaid book fees. All other records must be provided.

(Office Use Only)

Records Requested _____ By _____ Via FAX Via Mail Received Records _____