

Release of Records to a Third Party

DCS Montessori Charter School · 311 Castle Pines Parkway · Castle Pines, CO 80108
Phone: 720-531-3311 · Fax: 720-710-9971 · Email: admin@dcsmontessori.org

Name of Student: _____

Date of Birth: _____ Current Grade: _____

I hereby authorize records to be released from DCS Montessori Charter School to:

Name of school or agency: _____

Address of school or agency: _____

Phone Number: _____ Fax Number: _____

Email: _____

- | | |
|--|--|
| <input type="checkbox"/> Official Administrative Record (name, address, birth certificate, grade level completed, grades, grading scale, credits earned, attendance, discipline) | <input type="checkbox"/> All IEP records |
| <input type="checkbox"/> Scholastic / Achievement Record | <input type="checkbox"/> Individual teachers' records' |
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Service providers' records (e.g. occupational therapists, physical therapists, psychologists) |
| <input type="checkbox"/> Standardized test data | <input type="checkbox"/> Tapes of meetings |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Request for staff to complete _____ |
| <input type="checkbox"/> Discipline records | <input type="checkbox"/> All requested records, information, observations, conversations, surveys, and forms |
| <input type="checkbox"/> Health / Medical records | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Special Education Records | |

These records are to be released for the following purpose(s): _____

I understand that the information to be released may include material that is protected by state and/or federal law. I further understand that if requested, the School District shall provide one copy of the student's education records within a reasonable time at the cost of 25¢ per page. My signature verifies that I am legally entitled to request, review and receive all such information.

Authorized Signature: _____

Printed Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____