POUDRE SCHOOL DISTRICT

REQUEST FOR STUDENT TRANSCRIPTS/RECORDS

Please Print Clearly and Fill Out Completely

Poudre School District
Records Department

970-490-3487
970-490-3003 FAX
byocom@psdschools.org

Student's Last Name (At Time of Attendance) _____ First Name _____ MI _____

Last 4 Digits of SSN _____ DOB _____ Phone # _____ Graduate of Poudre School District? Yes No

Last PSD School & Year Attended _____

Reason for requesting records: _____

Information being requested (check all that apply)

☐ Transcript ☐ Immunizations ☐ Other Academic File Contents _____

☐ Official Transcript (*Request must accompany $3 fee)* (List Specific Documents) _____

Requestor is responsible for providing the correct mailing address, fax number and/or e-mail address.

☐ Mail Records ☐ Fax Records ☐ Records will be picked up on _____ ☐ E-mail to: _____

To: (School/Agency/Other Name) _____ Attn: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

I certify that I am (check one of the boxes corresponding to the applicable statement below):

☐ The person in interest named above and at least 18 years of age or attending a post-secondary educational institution.

☐ The person in interest named above and at least 18 years of age or attending a post-secondary educational institution and am releasing my information to the following individual, _____ to be picked up on _____.
Print Name Date

☐ The parent/legal guardian of the person in interest named above who is under the age of 18 or is not attending a post-secondary educational institution. There are no known legal orders preventing me from having access to these records.

_____
Print Name

☐ The individual authorized to obtain records for the above-named person. PSD Records Department has been provided either a signed release from the above-named person or a Declaration of Dependency Status Form. _____
Print Name

Signature: _____ Date: _____
Person in interest/parent/legal guardian

Signature: _____ Date: _____
Other authorized individual

For Office Use Only

ID Type/# _____ Date Picked Up/Mailed/Faxed/E-mailed _____ SID _____/_____

Compare Photo _____ Verified By _____ CC ☐ CC#/C/R# _____ $ _____ Verified By _____