# Confirmation of Enrollment and Attendance/Request for Student Records

**The originating school should keep a copy of this form as adequate documentation of transfer.**

Date of Request: Click or tap to enter a date.

Name of Current School or Agency: Click or tap here to enter text.

Name of Previous School or Agency: Click or tap here to enter text.

Previous School’s Street Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

***Student’s Information:*** (To be provided by the current school or agency.)

Last Name: Click or tap here to enter text.
First Name: Click or tap here to enter text.
Middle Name: Click or tap here to enter text.
Date of Birth: Click or tap to enter a date.
Colorado State ID # (SASID): Click or tap here to enter text.

**The student listed above enrolled in our school on (date):** Click or tap to enter a date.

**The student began attending classes in our school on (date):** Click or tap to enter a date.

*School/District Representative providing this information:* Click or tap to enter a date.

Signature Date

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Printed Name Title Phone Number

## The following records are hereby requested, if applicable:

[ ]  **All Records**

|  |  |
| --- | --- |
|[ ]  Transcripts or report cards |[ ]  Advanced Learning Plan/GT Plan |
|[ ]  Test data/ standardized test scores |[ ]  Discipline records |
|[ ]  Graduation Guidelines measures/scores |[ ]  Immunization records |
|[ ]  English Language (EL) test score(s) |[ ]  Health/medical/sports/physical records |
|[ ]  List of courses and grades at time of withdrawal |[ ]  Psychological records |
|[ ]  Attendance records |[ ]  Sociological records |
|[ ]  Multi-Tiered System of Supports (MTSS) Plan |[ ]  Colorado READ Plan |
|[ ]  IEP (Individual Education Plan) |[ ]  Copy of birth certificate |
|[ ]  504 Plan |[ ]  Other: |

SEND THE REQUESTED RECORDS TO:

**Receiving School / District
Street Address
Telephone
Fax**