



Request for Student Records / Transcript

Date of Request: _____

Records Being Requested From:

Name of School: _____

Address _____

City _____ State _____ Zip _____

You are hereby authorized to release from your records the following information pertaining to:

(Legal Name)

Last Name _____

First Name _____

Middle Name _____

Date of Birth _____

Current Grade Level _____

Last date of attendance _____

Signature of Parent/Guardian (if available): _____

Please include the following information (as available/applicable):

- Transcripts of report cards or your version of a grade level academic records
- Test data / standardized test forms
- English Language (ELL) test score
- List of courses and grades at time of withdrawal
- Attendance records
- Discipline records
- Individual Literacy or Instructional Support Plan
- IEP
- Medical and health records (including immunization records, sports physical documentation)
- Copy of birth certificate
- 504 Plan
- Psychological records or evaluations
- Other _____

Thank you for your assistance!

Patricia Jarvis
School Representative

Admissions Director
Title

10/ 12/17
Date

Please mail student's records to:

Admissions
Bixby School
4760 Table Mesa Drive
Boulder, CO 80305
Phone: 303.494.7508 Fax: 303.494.7519
Email: admissions@bixbyschool.org