



## 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:

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Grade Level \_\_\_\_\_

Last date of attendance \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

- Transcripts, including report cards or your version of 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
- Special service provider reports
- Other \_\_\_\_\_

Thank you for your assistance!

Cindy Benson  
School Representative

Office Director  
Title

4/1/18  
Date

Please mail records to:

Bixby School  
Attn: Admissions  
4760 Table Mesa Drive  
Boulder, CO 80305  
Phone: 303-494-7508  
Fax: 303-494-7519  
Email: admissions@bixbyschool.org