

**RECORDS REQUEST**

Date \_\_\_\_\_

Student \_\_\_\_\_ DOB \_\_\_\_\_ Entering Grade \_\_\_\_\_

Name and complete address of the prior school of attendance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----  
-----SCHOOL USE ONLY-----

Please send the following for all years of attendance:

- Requested Records:
- Scholastic and Progress Data
  - Test Data
  - Special Education
  - Health Data, including immunizations
  - Attendance
  - Birth Certificate
  - Your course descriptions, for transcript interpretation
  - Other \_\_\_\_\_
  - Comments \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

Please return the requested records to:

Fairview High School  
Attn: School Registrar  
1515 Greenbriar Boulevard  
Boulder, CO 80305

\*Family Educational Rights and Privacy Act of 1976 states that a parental signature is not required for transfer of records between schools.

Thank you for your prompt attention to this matter.