Dedicated to Excellence
Cherry Creek Schools

CHERRY CREEK SCHOOL DISTRICT #5
REQUEST FOR STUDENT RECORDS
(For Former Students and Parents of Former Students Only)

The Family Educational Rights and Privacy Act of 1974 gives all parents of students under 18 years of age, and all students over 18 or attending post secondary schools, the right to see, correct and control access to student records. The Act further stipulates that "personal information shall only be transferred to a third party on the condition that such party will not permit any other party access to such information without written consent."

I hereby authorize Cherry Creek School District to release all educational, medical, social and/or psychological information that has been made a part of the school records regarding the student listed below. I further release CCSD from all liability and claims pertaining to disclosure of the information requested.

STUDENT'S LEGAL NAME (*when registered in CCSD*):
***** Do not use this form for students who are still registered in CCSD. Please contact the school directly.***
***Official* Transcripts for *graduates from 1992-Present must be requested directly from high school Registrar's Office.*

_____ _____
Last Name First Name MI Date of Birth

_____ _____
Email address Contact Phone Number

_____ _____ _____
Name of Last Cherry Creek School Attended Graduation / Withdrawn Date Last Grade Completed

Records Requested by: _____
Relationship to Student: _____ Self (if over 18) _____ Parent or legal guardian
_____ Other (please specify)_____

_____ _____
Signature * Date

****Please note: A photo ID is required for all record requests.***

Records Being Requested:

☐ All Records ☐ Only the specific records listed: _____
(ie: Unofficial Transcript, Birth Certificate, Immunization Records, etc.)

*****Official* Transcripts for *graduates from 1992-Present must be requested directly from high school Registrar's Office.***

Records should be:

☐ Held for pick up in District Admissions (*A photo ID must be presented to pick up student records)

☐ Emailed to: _____(* Photo ID attached)

☐ Faxed* to: _____(* Photo ID attached)

☐ Sent by US Mail* to: _____ (* Photo ID attached)
_____
_____