

## Littleton Public Schools Confirmation of Enrollment and Records Release Request

Stu	dent Last Name	First Name	Mi	ddle Name	Date of Birth	Grade	
Address City					State	Zip	
<u> </u>	ent/Guardian		Teleph	one	Email		
School you are leaving			Sc	School you are entering			
Date of Departure			 Da	Date of Enrollment			
School/Agency Releasing Information				School/Agency Requesting Information			
Name of School			Na	Name of School			
Address			Ad	Address			
City/State/Zip			Cit				
Phone Fax			Ph	Phone Fax			
Email			 En	Email			
Signature of School Official			Sig	Signature of School Official			
		Information Req	uested	(check all tha	t apply)		
	Birth Certificate			Transcripts			
	Immunization Record			· ·	attendance records		
	Withdrawal verification	/grades at withdrawal		Special educa	tion records, including	IEP	
	Standardized Test Sco	ores		Other			
		ncerning the above-na		f Littleton Publ dent for educa	ic Schools to release ation planning and sc	e/obtain hool records.	
Parent/Guardian Signature			<u> </u>	ate			

The Family Educational Rights and Privacy Act (20 U.S.C.§1232<sub>3</sub> 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent/guardian of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.