



# Littleton Public Schools

Education Services Center  
5776 South Crocker Street  
Littleton, Colorado  
80120  
303-347-3499 Central Records Office

## Records Request

**Student Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Current Date:** \_\_\_\_\_

### **SCHOOL/AGENCY RELEASING INFORMATION**

**Name of School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **SCHOOL/AGENCY REQUESTING INFORMATION**

**Name of School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **TYPE OF INFORMATION REQUESTED (*check all that apply*)**

- |   |   |
|---|---|
| <input type="checkbox"/> Birth Certificate                        | <input type="checkbox"/> Legal Documents (custody/restraining order, etc) |
| <input type="checkbox"/> Transcript                               | <input type="checkbox"/> Discipline and Attendance records                |
| <input type="checkbox"/> Withdrawal verification and grades at WD | <input type="checkbox"/> Counseling Records                               |
| <input type="checkbox"/> Standardized Tests (CSAP, MAPS, etc)     | <input type="checkbox"/> Threat/Suicide Records                           |
| <input type="checkbox"/> Immunization record                      | <input type="checkbox"/> Special Education records (including IEP)        |
| <input type="checkbox"/> 504 records                              |   |

I hereby authorize Littleton Public Schools to release/obtain pertinent information concerning the above named student for the purpose of educational planning and school records.

**Parent/Guardian/School Official Signature**

**Date**