



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 | <input type="checkbox"/> English Language Learner records (ACCESS) |

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