

Records/Transcript Release Form

Durango School District 9-R Student Support Services/ Student Records

\$5.00 fee per copy

****Payment is required prior to records being sent****

Student Information:

Last Name: _____
First: _____
Middle: _____

Address: _____
City/State: _____
Zip: _____

Date of Birth: _____

Home Phone: (____) _____

Last name while attending: _____

Cell Phone: (____) _____

Graduation Date: _____ **OR Withdrawal Date:** _____

Records to be Sent:

Fax To: _____

Transcript _____ ACT _____

Name of School: _____

Immunization _____

Attn: _____

Other/Special Instructions: _____

Fax Number: (____) _____

Mail Records to:

Name of School: _____

Attn: _____

Address: _____

Authorization to release pupil information as per H.R. 69 Public Law 92-380, Section 438 of the United States Code "Protection of the Rights and Privacy of Parents and Students." Federal Law prohibits the release of certain information from school records without authorization by the person who is the subject of the record, if he/she be then 18 years of age or is then attending an institution of post-secondary education and, if not, then his/her parent or legal guardian.

Signature: _____

Date: _____

By signing this form I certify that I am authorized to request these records and that the information provided is accurate

Method of Payment: Cash Paid \$ _____ Check Paid \$ _____ Check No: _____

Debit or Credit: \$ _____

Card Number: _____ Billing Address: _____

Expiration Date: _____

Print Name on Card: _____

Signature: _____ City/State: _____ Zip: _____

Please return Completed and Signed Release Form with Payment to:

Durango School District 9-R Fax: 970-382-0588
attn: Student Records Ph: 970-247-5411 x1109
201 E. 12th Street
Durango, CO 81301

**Attach
Check Here**