Student Records Center



1829 Denver West Drive, Bldg #27 PO Box 4001 Golden, CO 80401

Phone: 303.982.6715

Open Monday – Friday, 8:00 am – 3:30 pm

Request to Review Records

Student Information		
Daytime phone number: ()	Date of birth (MM/DD/YYYY):	/
Student's legal name/s while attending Jeffco Schools	s:	
Last: First:		Middle:
Student's current legal name (please include legal na	me change documents):	
Last: First:		Middle:
Last Jeffco school attended:	Last year of attendan	ce:
Requester's last name:	Requester's first name:	
Request to Review Education Records (see policy JR. In most cases, a parent/guardian has the right to reviet transfers to the student when the student reaches 18 education (an "eligible student").	ew his or her student's Education Records 3 years of age or is attending an institution	of postsecondary
Specifically, I request the following records for review	v (use the back of this sheet if additional s	pace is needed):
	_	ate:
Parent/Guardian signature (for students under 18 yr	rs.):	Date:
Please print the request form, sign, date, and submit your may be delivered or mailed to the address at the top or scaning signature will not be accepted.		· · · · · · · · · · · · · · · · · · ·
Process to Review Education Records Within a reasonable period of time, but not more that contact the requester to set a date and time when the the district's offices.		
If circumstances effectively prevent a parent/guardial requested Education Records, the district may provid requested records and, generally, may charge a fee for the district may make other arrangements for the rev	e such parent/guardian or eligible student or such copy. In lieu of providing copies of	with a copy of the
 Fees may include: Academic records (cumulative folder record Special Education records - \$3.00 	ds) – \$3.00 • Additional records - • Postage – as applica	
Date of Request:	Appointment date/time:	
Notes:		
Custodian of Records (or Designee) Signature:	С	Date: