

Kit Carson School District R-1

P.O. Box 185, 102 W 5th Ave
Kit Carson, Colorado 80825
Phone (719)962-3219 Fax (719) 962-3317

REQUEST FOR STUDENT RECORDS

STUDENT NAME: _____ DATE OF BIRTH _____

I hereby request that the following information concerning my child be released to the Kit Carson School District R-1:

- _____ Cumulative Records
- _____ Transcript of Grades
- _____ Health Records, include Immunization Records
- _____ Standardized Test Scores
- _____ Aptitude and Interest Inventories
- _____ Psychological Test Results
- _____ Special Education Records / IEP's / 504 Records
- _____ Athletic Eligibility
- _____ Withdrawal grades
- _____ Other : _____
- _____

Signature: _____
Parent, Legal Guardian, or Eligible Student



_____ Date: _____
Mr. Robert Framel, Superintendent