



POUDRE SCHOOL DISTRICT

CONSENT TO SECURE STUDENT SPECIAL EDUCATION RECORDS FROM A SCHOOL DISTRICT TO POUDRE SCHOOL DISTRICT

Student's Information

Last Name _____ First Name _____ MI _____
 Date of Birth _____ PSD ID _____ Requestor Name (PSD Employee) _____

School Information

Previous School/Institution: _____
 Street Address: _____
 City/State/Zip: _____
 Telephone: _____ -- _____ -- _____ Email: _____
 FAX: _____ -- _____ -- _____

Records Requested

- | | | |
|---|---|--|
| <input type="checkbox"/> Most current IEP & Last Initial or Triennial with Evaluation & Testing | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Audiometric | <input type="checkbox"/> Psychological | <input type="checkbox"/> Vision Report |
| <input type="checkbox"/> Medical (health) | <input type="checkbox"/> Physical Therapy | |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Social Work | |
| <input type="checkbox"/> Other Records (Please be specific): _____ | | |

Sending the Records

Poudre School District is an Enrich participating district

Poudre School District
Records Center
2407 LaPorte Avenue
Fort Collins, CO 80521

Email: psdrecords@psdschools.org
Fax: 970-490-3003
Phone: 970-490-3146

All information released or secured will be in compliance with the Family Education Rights and Privacy Act and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent except as provided by law.

SEND FORM TO THE POUDRE SCHOOL DISTRICT RECORDS DEPARTMENT FOR PROCESSING