



Durango School District 9-R Student Support Services Records Release Form

Student Information

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Last Name While Attending: _____

Contact Phone Number: _____

Important!

Durango 9-R is an Enrich User and may receive records through an Enrich transfer. Please send transfer number to the below email.

Records Requested:

- ___ IEP Records
- ___ Evaluation & Eligibility Reports
- ___ Gifted & Talented Records
- ___ Other _____

TO: _____

Other Instructions:

Authorization to release pupil information as per H.R. 69 Public Law 92r 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 18 years of age or is then attending an institution of postsecondary education, and if not, then his/her parent of 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.

Return this completed form by mail, fax or email to:

Student Support Services - Special Education
201 E. 12th Street
Durango, CO 81301

Fax: 970-375-3826
Email: rladefoged@durangoschools.org
Phone: 970-247-5411 ext. 1456