



# Durango School District 9-R Records Release Form

## Student Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Name While Attending: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

### Important!

Graduation Date: \_\_\_\_\_

**OR**

Withdrawal Date: \_\_\_\_\_

### Records Requested:

\_\_\_ Official Transcript

\_\_\_ Immunization Records

\_\_\_ Unofficial ACT Records

\_\_\_ Other \_\_\_\_\_

### Mail Records to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other Instructions:

\_\_\_\_\_  
\_\_\_\_\_

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 18 years of age or is then attending an institution of post-secondary 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:

Durango High School Registrar  
2390 Main Avenue  
Durango, CO 81301

Fax: 970-375-3997  
Email: [smatheson@durango.k12.co.us](mailto:smatheson@durango.k12.co.us)  
Phone: 970-259-1630