



Mapleton Public Schools District
Records Department
7350 N. Broadway
Denver, CO 80221
Phone: 303.853.1030
Fax: 303.853.1091

Request for Release of Student Records

Student Name: _____ Birth date: _____

Phone #: _____

Name of last Mapleton school attended: _____

Graduated: YES ____ NO ____ Year: _____

Records authorized to be released by this request:

All available records: _____

High school transcript: _____

Specific records listed below:

Reason for this request:

Personal use: _____

Sharing of relevant educational information with other parties/agencies: _____

Other: _____

Party or parties to whom this disclosure may be made: Please include the name, address, and telephone number (also the fax number if the records are to be faxed) of the person(s) and/or institution(s) granted access to the records by this request:

- 1. _____ 2. _____

Method by which these records are to be released:

To be mailed: ____ To be faxed: ____ Fax # _____ Will pick up: ____

If mailed, please list address: _____

Address Apt. # City State Zip

The parent, legal guardian, or eligible student (18 years of age or older) is required to authorize the release of student records. If you are mailing/faxing this request, please remember to include a copy of a valid ID with your signature for verification.

Signature of Parent, Legal Guardian, or Eligible Student
(If you are a former student and your name has changed since you left school please sign both your former and current names.)

Date