



STUDENT RECORDS REQUEST

Student's Name: _____ Birth Date: _____

School Attended: _____ Year/s Attended: _____

Address: _____
(if needed) _____

Please forward:

- any progression/grading/academic/social records
- records of immunizations and screenings
- intelligence/ individualized standardized test scores
- educational/ psychological evaluation reports
- any other pertinent information on this student

Please send the information to: Rivendell School of Northern Colorado
Attn: Sarah Daly
1800 E. Prospect Road
Fort Collins, CO 80525

Thank you for your cooperation.

Sarah Daly
Admissions & Communications Specialist
Rivendell School

This transfer is provided for in the Family Educational Rights and Privacy Act (FERPA).
Parent/Guardian written release is required for release of school records to private/ parochial institutions.

Parent/ Guardian Signature

Date