



GENOA-HUGO SCHOOL DISTRICT C113

P.O. Box 247 - 220 West 7th Street
Hugo, Colorado 80821-0247
(719) 743-2428 (719) 743-2194 Fax

REQUEST FOR RECORDS

Previous School's Name: _____

Address: _____

City, State and Zip: _____

STUDENT'S NAME: _____ GRADE: _____

has enrolled in the Genoa-Hugo School. Please release all records listed in the following categories pertaining to the above named student.

1. _____ Achievement scores, grades, aptitude and/or interest inventories.
2. _____ Intelligence and psychological reports.
3. _____ Family background information.
4. _____ Developmental and health data, medical reports and observations.
5. _____ Reports of serious or recurrent behavior patterns.
6. _____ Confidential Records
7. _____ Other _____

Note: Special Education records shall be transferred as part of the general school records from one administrative unit, private school or approved facility to another upon written or verbal request of the parent or school official when the child has transferred. Written consent of the parent is not required to transfer education records (including assessment information and the IEP) from one education agency to another for the purpose of provision of appropriate educational services.

Please release the above requested information to: Counselor
Genoa-Hugo School District C-113
P.O. Box 247
Hugo, CO 80821-0247

I hereby request that information regarding my child be released to the agency indicated immediately above.

(Signed: parent, legal guardian or eligible student)

Date

(Signed: school official)

Date