



Weld County School District RE-5J
110 S. Centennial Drive, Suite A
Milliken, CO 80543
Fax (970)-587-2607

In order to obtain your school records please fill out this form, sign it and mail or fax it to the address or fax number listed at the top of the form.

This release of information form pertains to:

Student Name at Time of Attendance **(Other Name Used)** **Date of Birth**

School of Attendance **Dates of Attendance** **Graduation Date (if applicable)**

I hereby authorize Weld County School District RE-5J to release the following official school records. (if available in the school file)

Transcript ACT Score Immunization Record Birth certificate

Other (please state) _____

If you need Special Education Records please use and follow instructions on next form.

Please furnish these copies to: Mail copies Fax copies

Name: _____

Address: _____

City/State/Zip: _____

Fax: _____

Signature

Date

Address

Telephone

City **State** **Zip**



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In order to obtain your **SPECIAL EDUCATION** school records please fill out this form, sign it and mail or fax it to the address or fax number listed at the top of the form.

This release of information form pertains to:

Student Name at Time of Attendance (Other Name Used) Date of Birth

School of Attendance Dates of Attendance Graduation Date (if applicable)

I hereby authorize Weld County School District RE-5J to release the following Special Education school records.

Please furnish these copies to: _____ Mail copies _____ Fax copies

Name: _____

Address: _____

City/State/Zip: _____

Fax: _____

Signature

Date

Address

Telephone

City State Zip