



Weld County School District RE-5J  
110 S. Centennial Drive, Suite A  
Milliken, CO 80543  
Fax (970)-587-2607  
Email: [marcia.rodriquez@weldre5j.org](mailto:marcia.rodriquez@weldre5j.org)

In order to obtain your school records please fill out this form, sign it and mail, email or fax it back.

Student Name at Time of Attendance (Other Name Used) \_\_\_\_\_

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

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

Parent(s) Name \_\_\_\_\_

Name of School Attended \_\_\_\_\_

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/Report Card

\_\_\_ Immunization Record

\_\_\_ Other (please state) \_\_\_\_\_

Please send these records: \_\_\_ Mail copies \_\_\_ Fax copies \_\_\_ Email

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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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.

Student Name at Time of Attendance (Other Name Used) \_\_\_\_\_

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

Parent(s) Name \_\_\_\_\_

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

Name of School Attended \_\_\_\_\_

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 \_\_\_ Email

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_