Village Middle School

An Academy District 20 School

STUDENT RECORDS RELEASE AUTHORIZATION FORM

Attn: Parent/Guardian

Please complete, sign, and return this form to Village Middle School. This will allow Village Middle School to request a copy of your child's records as part of the application process.

Student's First and Last Name:	Student's Date of Birth	ו:
Current School Name and District Name:		
School Phone:	School Fax:	
If at Current School for less than 1 year		
Previous School Name and District Name	:	
School Phone:	School Fax:	
I authorize copies of my child's records be sent to Village Middle School in Academy District 20.		
Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date
Attn: School Records Office		
The above-named child has applied to Village Middle School.		
DO NOT DISENROLL STUDENT. Village Middle School will notify you if student is accepted and enrolled.		
Please email or fax a comprehensive copy of the student's records.		
Report Cards/Transcr	ipts	
 Standardized test scores/data 		
Behavior/Disciplinary Record, including suspensions or expulsion if applicable		
Attendance Record		
Learning Plans (IEP, 504, READ, MTSS/Rtl, ALP)		
Risk or Threat Assessr	ments	
•	dle School an Academy District 20 School	
•	o Springs, CO 80924 Phone: 719-234-1943 Fax: 719 turn to: darcy.osinski@asd20.org	9-234-1969