



Student Records Center
 1829 Denver West Drive, Bldg #27
 PO Box 4001
 Golden, CO 80401
 Phone: 303.982.6715
 Open Monday – Friday, 8:00 am – 3:30 pm

Request to Review Records

Student Information

Daytime phone number: () _____ Date of birth (MM/DD/YYYY): ____/____/____

Student’s legal name/s while attending Jeffco Schools:

Last: _____ First: _____ Middle: _____

Student’s current legal name (please include legal name change documents):

Last: _____ First: _____ Middle: _____

Last Jeffco school attended: _____ Last year of attendance: _____

Requester’s last name: _____ Requester’s first name: _____

Request to Review Education Records (see policy JRA/JRC)

In most cases, a parent/guardian has the right to review his or her student’s Education Records. Ordinarily, this right transfers to the student when the student reaches 18 years of age or is attending an institution of postsecondary education (an “eligible student”).

Specifically, I request the following records for review (use the back of this sheet if additional space is needed):

Student signature (18 yrs. or older): _____ Date: _____

Parent/Guardian signature (for students under 18 yrs.): _____ Date: _____

This form is not to be sent electronically. Please, print the request form, sign, date, and submit your request to the Student Records Center to be processed. Mailing information is at the top of this form.

Process to Review Education Records

Within a reasonable period of time, but not more than 45 days, after receiving the request, the Custodian of Records will contact the requester to set a date and time when the Education Records will be available for inspection and review at the district’s offices.

If circumstances effectively prevent a parent/guardian or eligible student from exercising the right to review the requested Education Records, the district may provide such parent/guardian or eligible student with a copy of the requested records and, generally, may charge a fee for such copy. In lieu of providing copies of the requested records, the district may make other arrangements for the review of the requested records.

Fees may include:

- **Academic records (cumulative folder records) – \$3.00**
- **Additional records - \$0.10 per page**
- **Special Education records - \$3.00**
- **Postage – as applicable**

Date of Request: _____ Appointment date/time: _____

Notes: _____

Custodian of Records (or Designee) Signature: _____ Date: _____