



CONSENT TO RELEASE STUDENT TRANSCRIPT TO A POSTSECONDARY INSTITUTION, COACH, OR SCHOLARSHIP WITHOUT STANDARDIZED TEST SCORES

Student's Information

Name at Time of PSD School Attendance:

_____ / _____ / _____
Last Name First Name MI
_____ / _____ / _____
Date of Birth PSD ID Current PSD School YES NO
IB – Poudre High School Only

Transcript Information

Official Transcripts are \$3 each per the District-wide student fees Board adopted schedule*

**Certain fees/charges may be waived for students eligible for free or reduced-price meals under the federal income poverty guidelines in accordance with the Waiver Code column of the schedule. The District's Permission to Share Information for Fee/Charge Waiver and Programs to Receive Goods and Services form must be completed each school year. If sending to more than one institution using the Common App or Coalition App, transcripts will be a one-time \$3 fee.*

Poudre School District Official Transcripts include the following information:

- Name as it appears in Synergy, the District's Student Information System
- PSD ID and Colorado State ID
- Primary home address and phone number
- Date of Birth
- Gender
- Grades, weighted and unweighted cumulative averages: Policy IKC
- Names of past schools and years of enrollment
- Class rank: high school transcripts only
- Advanced placement (AP) and International Baccalaureate (IB) class designation
- Enter and leave dates if applicable
- Graduation date if applicable
- Graduation requirements: Policy IKF
- Postsecondary and workforce readiness standardized test score
(SAT – 11th grade April): C.R.S. SS 22-7-1006.3**

****SCORES WILL BE REMOVED FROM ANY TRANSCRIPT REQUEST EXCEPT THE FINAL TRANSCRIPT WHEN THIS FORM IS USED**

- Poudre School District may release my student's transcript one (1) time
- Poudre School District may release my student's transcript multiple times as grades and information changes.

Parent Signature Authorization to Release Records

By signing below, I authorize the appropriate office/official at Poudre School District R-1 to release my specified educational record(s) to the postsecondary institution, scholarships, or coaches listed below subject to the terms specified in this document.

SELECT ONE:

- I am the **student** named above and am **18 years of age/older** or attending a postsecondary educational institution.

Signature: _____ Date: _____

- I am the **parent/guardian** of above-named student.

Print Name: _____

Signature: _____ Date: _____



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Postsecondary Institution to Whom the Transcript is to be Released

 Postsecondary institution/ Scholarship/ NCAA/ other

____ Yes ____ No
 Common Application

____ Yes ____ No
 Coalition Application

Special Instructions/Deadlines:

 Postsecondary institution/ Scholarship/ NCAA/ other

____ Yes ____ No
 Common Application

____ Yes ____ No
 Coalition Application

Special Instructions/Deadlines:

 Postsecondary institution/ Scholarship/ NCAA/ other

____ Yes ____ No
 Common Application

____ Yes ____ No
 Coalition Application

Special Instructions/Deadlines:

 Postsecondary institution/ Scholarship/ NCAA/ other

____ Yes ____ No
 Common Application

____ Yes ____ No
 Coalition Application

Special Instructions/Deadlines:

OFFICE USE ONLY

Date received: _____

Stamp/initial if payment/waiver processed: _____

Test Scores removed: _____

Notes: