

Denver Montclair International School



Transcript Release and Confidentiality form

Name of Student: _____

Date of Birth: _____ Entering Grade: _____

I Hereby Authorize:

Name of School: _____ Last Date Attended: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ FAX No: _____

To Release the Following Records to Denver Montclair International School:

- Transcripts for the past two years
- All aptitude and achievement testing (CSAP, ITBS, ERB, etc)
- Most recent grades for current school year
- Attendance records
- Medical/Immunization Records
- Additional psycho-educational testing (WISC, Woodcock-Johnson, etc) or IEP as appropriate
- Disciplinary record

Has the above-mentioned student ever been suspended?

Yes No If Yes, please explain: _____

Has the above-mentioned student ever been expelled or recommended for expulsion?

Yes No If Yes, please explain: _____

Authorized Signature: _____ Date: _____

Relationship to Student (circle one): Parent/Guardian, Student (18 years and older), Registrar, Other _____

According to the Family Educational Rights and Privacy Act, a student's education records can be disclosed without parental consent to officials of another school or school system to which the student seeks to enroll. Please release to Denver Montclair International School all records designated above for this student.

(Office Use Only)

Date Requested _____ By _____ Via FAX Via Mail Received Records _____

Please send records to: Denver Montclair International School, 206 Red Cross Way, Denver, CO 80230
[p] 303.340.DMIS [f] 303.360.9426