EAST OTERO SCHOOL DISTRICT R-1

301 RATON AVENUE LA JUNTA, CO 81050 (719)384-6900 FAX (719)384-6910

RELEASE OF TRANSCRIPT OR EDUCATION RECORDS

STUDENT:			
Last	Name (at time of Graduation)	First Name	Middle Name
Date of Birth:		Last School Attended	l:
Year Graduated:		Year Withdrew:	
Records to be release	ased:		
Records sent to:			
	(Name)		
_	(Fax Num	ber)	
_	(Address)		
_	(City, Stat	te, Zip)	
Party to whom rele	eased:(Name)		
Reason for release	:		
Signature of Parent/Legal Guardian/Eligible Student			Date
Relationship to Stu	udent		
Signatur	e of Releaser		Date