

BROOMFIELD HIGH SCHOOL  
#1 EAGLE WAY  
BROOMFIELD, CO  
(720 561-5384)

**POST GRADUATE RECORDS REQUEST**

Check applicable records request below:

**TRANSCRIPT:** \_\_\_\_ Official \_\_\_\_ Health/Immunization

**RELEASE COPY TO** (please circle "Self" or "Send to"):

Self

OR

Send to: Name\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Pursuant to Public Law 380 you are hereby notified of your Rights. They include the following:

- The Right to inspect educational records.
- The Right to obtain a copy of said records for the cost of duplication.
- The Right to challenge the contents of said records on the grounds that they may be inaccurate, misleading, or inappropriate.

**STUDENT NAME (at time of graduation):** \_\_\_\_\_

**YEAR OF GRADUATION:** \_\_\_\_\_ **or last year attended** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

\_\_\_\_\_ I certify that I am over 18 years of age and that I am the person who is the subject matter of the records listed above.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Office Use Only		
Date Processed _____	Initials_____	Fee
paid \$ _____		

**PLEASE ALLOW 48 HOURS FOR PROCESSING. COST OF EACH RECORD REQUESTED: \$2.00** This authorization will be kept on file pursuant to Public Law 93-380.

Post Graduate Rev C