

Broomfield High School
#1 Eagle Way, Broomfield CO 80020
Eileen Anderson, Registrar
720-561-5388 | eileen.anderson@bvsd.org

Post Graduate Records Request

Please allow 48 hours for processing. Cost of each record requested: \$2.00.
This authorization will be kept on file pursuant to the Family Educational Rights and Privacy Act (FERPA)

Your Name When You Attended Broomfield High School: _____

Date of Birth: _____ Year of Graduation or Last Date Attended: _____

Phone Number: _____

Check Applicable Records Request Below:

Official Transcript Health/Immunization

Release Copy To:

Self: _____

Institution: _____

Send Via Email OR

Send Via USPS

Email Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Pursuant to the Family Educational Rights and Privacy Act (FERPA) 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.

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. I authorize the release of my records to the above listed address.

Signature Required: _____ Date: _____

Office Use Only

Date Processed _____ by _____ Fee Paid \$ _____