Request for District Eligibility

ACP
Address Confidentiality Program

STATE OF COLORADO 1876

Date of Request: _____

Name and Title (Person making the request):

_____

Requesting School District: _____

Address: _____

Phone: _____ Fax: _____

Name of Student: _____

Student's Date of Birth: _____

Student's ACP Authorization Number _____
(This number is located on the back of the child's ACP authorization card)

Please fax, email, or mail the completed form to the ACP.

The ACP will check the student's enrollment eligibility based on the actual address contained in our files. We will provide confirmation or denial of eligibility in writing.

Please assume that the parent is enrolling their child in the correct school and enroll the child while this request is pending.

https://dcs.colorado.gov/acp

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Email: acp@state.co.us

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