



ACP

Address Confidentiality Program



Request for District Eligibility

Date of Request: _____

Name (person making the request): _____

Requesting School: _____

District: _____

Requesting School Address: _____

Requesting School Phone: _____ Requesting School Fax: _____

Name of Student: _____

Student's Date of Birth: _____

Student's ACP Authorization Number) _____
(located on the back of the ACP card)

Please mail or fax 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.

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