



Request for Student Records

(To obtain special education records, please use the *Request for Special Education Records* form.)

Requestor

Name: _____

Phone Number: _____ Email Address: _____

I certify that I am:

The Parent/Guardian (for students 17 years or younger); there are no known legal orders preventing me from having access to these records.

The Eligible Student (18 years or older) Other: _____

Student Personal Information

Student's Name While Attending School: _____

Place of Birth: _____ Date of Birth (mm/dd/yyyy): _____

Name of Parent or Guardian: _____

Last Year of Attendance: _____ and Grade Level: _____ Graduation/Withdrawal Date _____

Information Requested

I am requesting copies of the following documents:

Attendance Records

Birth Certificate

Cumulative File

Immunization Records

Report Card

Standardized Test Scores

Special Program Records (Please state specific documents): _____

Other (Please state specific documents): _____

Release Form

I authorize Denton Independent School District to release/send the requested information in the following way:

Send records home with student

Parent will pick up

Verification

Parent Print Name

Signature (required if student is under 18) Date

For School Use Only

Verified Requestor ID: DL# _____ Verified Student ID # _____ By: _____
Campus: _____ Pages: _____ Fee Collected Y or N \$ _____ Date Completed: _____