

Department of Special Education 1212 Bolivar Street Denton, Texas 76201 P: (940) 369-4075 www.dentonisd.org

REQUEST FOR SPECIAL EDUCATION RECORDS

Student I D	Student Name		Age	Date of Birth	Gender
Academic Year	Home Campus		Current Campus		Grade
Records to Be Released/Requested			Purpose of Disclosure		
For more Information, please contact		Phone Nu	umber	E-mail	
		()			
Signature of Parent/Guardian/Surrogate Parent/Adult Student:				Signature Date	e
Signature of Interpreter, if used:				Signature Dat	ie
Please return this fo At:	rm to:				
AI.					

Please return this completed form to the Denton ISD Records Clerk(s) by scanning and e-mailing. serecords@dentonisd.org or Fax to: 940-369-4972



Effective January 2014.