



## 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: \_\_\_\_\_