

### 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 Parents or Custodian: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ OR Last Year of Attendance: \_\_\_\_\_ and Grade Level: \_\_\_\_\_

### Information Requested

Attendance Records

Birth Certificate

Cumulative/Academic File

Immunization Records

Report Card

Standardized Test Scores

Special Program Records: \_\_\_\_\_

Other: \_\_\_\_\_

*Board Policy GBAA allows IISD to charge for copies at a rate of 10 cents per page, payable in advance, as well as mailing costs.*

### Release Form

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

Send records home with student

Parent will pick up

Or, if records are to be sent to someone other than the requestor, mail/fax/email to:

Company/School/Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

For The Purpose Of: \_\_\_\_\_

### Verification

\_\_\_\_\_  
Eligible Student Print Name

\_\_\_\_\_  
Signature (required if student is 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Print Name

\_\_\_\_\_  
Signature (required if student is under 18)

\_\_\_\_\_  
Date

Verified ID DL# \_\_\_\_\_ By: \_\_\_\_\_ Campus: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Date: \_\_\_\_\_