



MANSFIELD INDEPENDENT SCHOOL DISTRICT
 ~Parents/Students Educational Records Request~

Records Requested For:

| | |
|--------------------------|--|
| Student's Full Name: | Student ID # or Last 4 digits of SS #: |
| Student's Date of Birth: | Year Graduated (if applicable): |

| | | Date Rec'd/Released | | | Date Rec'd/Released |
|--------------------------|---|--|--------------------------|-----------------------------|---------------------|
| <input type="checkbox"/> | Transcript of Grades (i.e. report cards/transcripts) | <input type="checkbox"/> Official <input type="checkbox"/> Unofficial | <input type="checkbox"/> | Enrollment form(s) | |
| <input type="checkbox"/> | Birth certificate copy | | <input type="checkbox"/> | Social security card copy | |
| <input type="checkbox"/> | Attendance records | | <input type="checkbox"/> | Immunization records | |
| <input type="checkbox"/> | Health/medical records | | <input type="checkbox"/> | Assessment/test results | |
| <input type="checkbox"/> | Behavior/discipline records | | <input type="checkbox"/> | 504 records (if applicable) | |
| <input type="checkbox"/> | 3 rd party requests | | <input type="checkbox"/> | Other (please specify) | |

Send/release records as indicated below by completion of information:

| | | | | | |
|--------------------------|---|--------------|--------------------------|------------------------|------------------|
| <input type="checkbox"/> | US Mail: Name, address, city/zip | Date mailed: | <input type="checkbox"/> | Parent/student pick up | Date of pick up: |
| | | | <input type="checkbox"/> | E-mail: Address | Date emailed: |

- Picture identification copied if possible and signatures are required for all requests.
- Parents may view or request records for students who are age 18 or older without consent of the adult student if the parent provides the school with evidence that the eligible student is a dependent per 34 CFR Sec. 99.31(a)(8).
- If records are requested for a current or prior student age 18 or older, the student must give written authorization in order for the MISD to release records/confidential information.
- Graduates or students who are no longer enrolled in MISD can obtain a transcript for a \$2.00 fee. Current students may receive up to 10 transcripts at no cost and \$2.00 per transcript for additional requests.

Signature of Parent/Guardian, Student, or Adult Student: _____ *

*By signing above, I give permission for the release of records / confidential information to the party named above, and for the MISD to consult with the party named above, as required to meet the needs of the student for whom the request was originally made.

*******For Office Use Only*******

- Photo ID verified
- Cum Folder Checked for Legal Documentation that May Restrict Access (i.e. Court Order)

Information collected by: _____ Date: _____
 PRINT NAME(S)

Information released/approved by: _____ Date: _____
 PRINT NAME
 Principal or AP