



CASH \_\_\_\_\_  
MONEY ORDER \_\_\_\_\_

## STUDENT RECORDS REQUEST

All requests must include the following:

1. **Fee: \$3.00 for each copy.** We cannot accept personal checks or credit cards. All fees must be paid with cash or money order.
2. **Copy of a current picture ID** (driver's license, passport, military ID) must be submitted with your request.
3. **This form filled out and signed by the requestor.** A student that has reached the age of 18 must sign the request. We cannot accept the signature of the parent for the 18 or older student's records, unless the parent has power of attorney or other legal authorization to act on behalf of the student. A copy of the power of attorney or other documentation is also required with the request.

**Please call if you have any questions.** Requests received without the **cash or money order fee** or without the **picture ID** will be returned unfilled in the mail. To prevent delays in receiving your records, please make sure all information on the form is correct. Providing a phone number where you can be reached during the day will help expedite the process if we have questions.

### NAME USED IN SCHOOL:

\_\_\_\_\_

Last

First

Middle

Maiden

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ OTHER PHONE NUMBER \_\_\_\_\_

YEAR GRADUATED \_\_\_\_\_ OR LAST YEAR ATTENDED BISD SCHOOL \_\_\_\_\_

NAME OF LAST BISD SCHOOL ATTENDED: \_\_\_\_\_

TYPE OF RECORD REQUESTED: Transcript \_\_\_\_\_ Test Scores \_\_\_\_\_ Student Enrollment Form \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\*If records requested are for a current or prior student 18 years or older, the student must sign this form in order for this department to release the information.

**PERMISSION TO RELEASE SCHOOL RECORDS:** Fill out this portion if you need your records released to or sent to someone other than yourself or you need them mailed to you.

Please release my records to:

\_\_\_\_\_

Name of School, College, Employer, or Individual

\_\_\_\_\_

Department or contact person

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip

This form may be mailed or faxed to:

Faxed requests will not be fulfilled until payment is received.

**BISD RECORDS MANAGEMENT**

**3126 Carson Street**

**Fort Worth, TX 76117**

**Phone: 817-547-5618**

**Fax: 817-831-5752**