



# Big Spring Independent School District

## Student Records Request Form

Please complete the form below to request ANY student records for your student.

You may email your request to [records@bsisd.esc18.net](mailto:records@bsisd.esc18.net).

Requests are generally sent within 24 - 48 hours of receipt of request excluding weekends and holidays. **All fields are required.** Please note ... Special Education, 504, G/T and other special program records need to be requested directly from those offices.

Student Full Name (As On Birth Certificate):			
Student Date of Birth (MM/DD/YYYY):			
Current Grade Level:		Current Campus:	

### PLEASE CHOOSE YOUR RETURN DELIVERY OPTION:

U.S. POSTAL MAIL TO NEW SCHOOL: *(please print very clearly)*

Legal Parent Name:	
Mailing Address:	
City:	
State:	
Zip:	

ENCRYPTED/PASSWORD PROTECTED EMAIL: *(please print very clearly)*

Email Address:	
Contact Name:	
Phone (if questions arise):	

\_\_\_\_\_  
Signature of Requestor:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
FOR OFFICE USE ONLY: