

## Student Records Request Form

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

All requests must be completed and submitted with a current valid driver's license or state issued picture ID. Submit the request and clear copy of the ID to: records@bsisd.esc18.net.

You MUST be the student's LEGAL parent, as documented on the students Birth Certificate or official court orders signed by a judge, in order to request the student's records.

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.

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Student Full Name						
(As On Birth Certificate):		T				
Student Date of Birth		Current Grade Level				
(MM/DD/YYYY):		Current Grade Level	•			
Student SSN:		Current Campus:				
Address:		Student Number:				
PLEASE CHOOSE YOUR RETU	JRN DELIVERY O	PTION:				
Will pick up in person	(requires a picture ID	))				
U.S. POSTAL MAIL TO	LEGAL PARENT:	please print very clearl	y)			
Legal Parent Name:						
Mailing Address:						
City:						
State:						
Zip:						
Phone:						
TYPE OF RECORDS BEING RE	QUESTED:					
Report Card	Attenda	nce Record		Discipline Record		
Birth Certificate	Immuni	zation Record		Social Security Number		
Other:		_				
Signature of Requestor:			Date:			
Requestor Date of Birth:						

If this request is being submitted by Email, please scan your VALID STATE ISSUED ID with ar and identifiable photo below:					
egal Signature			Date		
OFFICE USE ONLY:					