## Cherokee Independent School District

Eldon Franco, Superintendent Jennifer Bordner, Principal "Striving to make the best better."
P.O. Box 100
Cherokee, TX 76832
www.cherokeeisd.net

Office (325) 622-4298 Fax (325) 622-4430

## **REQUEST FOR RECORDS**

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Date of Request:			
Student's Name:			
Date of Graduation/Year in Attenda	nce:		
Social Security Number:			
Date of Birth (MM/DD/YYYY):			
I authorize Cherokee ISD to relea	se the following inf	ormation:	
Transcript			
Test Scores (ACT, SAT, TS	SI, State Assessmen	ts, etc.)	
Immunization Records		and and	
Other:			
And request that these be:	Control		
Picked up by me	Picked up by:		
		(Photo ID will be red	quired at time of pickup)
TREx:		Attn:	
Faxed to: ()	The Samuel State of the Sa	_ Attn:	
Mailed to:		XI W	
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Signature of Student (if over 18) or Parent			