



STUDENT RECORDS REQUEST

This form is used to request student records for students that have transferred out of or withdrawn from the Tyler Independent School District one (1) or more years ago should be made through the Records Management Office. All other requests should be sent directly to the current/last school the student attends/attended. Please note that as mandated by state law, student records are only kept for five (5) years from date of transfer or withdrawal.

Picture identification is required when picking up records. If the student is 18 years or older, school records will not be released without the student's written consent as mandated by the *Family Educational Rights and Privacy Act (FERPA)*. Copies of student records are available at a cost of ten cents (\$.10) per page, payable in advance. If the student qualifies for free or reduced-price lunches and the parents are unable to view the records during regular school hours, one copy of the record will be provided at no charge upon written request.

By this communication, I am requesting a copy of the student records for the following named student:

Name of Requestor (Full Name)	Date of Request (MM/DD/YYYY)
Student's Full Name (at time of enrollment in school listed below)	
Check Relationship of Requestor to Student Named Above (Per FERPA requirements, records will NOT be released unless the form is signed by the parent/guardian of the student OR the adult student.) <input type="checkbox"/> Adult Student named above (or student 18 years or old) OR <input type="checkbox"/> Parent Guardian Of minor student named above (for student under 18)	
Student's Social Security# (Last 4 only)	Date of Birth (MM/DD/YYYY)
Name of School from which Records are Being Requested	
Father's Name	Mother's Name
Requestor's Phone Number(s)	Requestor's Signature
Types of Records Requested: <input type="checkbox"/> Complete File <input type="checkbox"/> Immigration <input type="checkbox"/> Discipline <input type="checkbox"/> Attendance <input type="checkbox"/> Enrollment <input type="checkbox"/> Special Program Records _____ <input type="checkbox"/> Immunizations (only retained 2 years after withdrawn) <input type="checkbox"/> Other: _____	
Special Request/Instructions <input type="checkbox"/> Mail to: _____ <input type="checkbox"/> Pick-up/Released to: _____ (Photo ID will be required)	

FOR OFFICE USE ONLYFOR OFFICE USE ONLY***FOR OFFICE USE ONLY***FOR OFFICE USE ONLY***

ID Provided: TX DL Student ID Passport Other: _____
 Location: TEAMS LASER FICHE RMD Campus: _____
 Amount Paid: _____ Cash: _____ Check# _____ Money Order: _____ Fee Waived by: _____
 Date Completed: _____ Completed by: _____ Department/Campus: _____

CUSTODIAL PARENT/GUARDIAN: YES/NO