

MANSFIELD INDEPENDENT SCHOOL DISTRICT ~Parents/Students Educational Records Request~

Record	s Requested For:			
Student's Full Name:		Last 4 digits of SS #:		
Student's Date of Birth:		Year Graduated (if applicable):		
	Date Rec'd/Release	d	Da	ate Rec'd/Released
	Transcript of Grades (i.e. report cards/transcripts)		Enrollment form(s)	
	Birth certificate copy		Social security card copy	
	Attendance records		Immunization records	
	Health/medical records		Assessment/test results	
	Behavior/discipline records		504 records (if applicable)	
	3 rd party requests		Other (Admin. use only):	
Send/re	elease records as indicated below by completion o	of inform	nation:	
	US Mail: Name, address, city/zip Date mailed:		Parent/student pick up	Date of pick up:
			E-mail: Address	Date emailed:
Pare provIf re MISSignatu*By signir	ure identification copied if possible and signatures are requients may view or request records for students who are age rides the school with evidence that the eligible student is a cords are requested for a current or prior student age 18 or D to release records/confidential information. Ure of Parent/Guardian, Student, or Adult Student: The graph of the student of the release of records / confidential information.	18 or old lepender older, the nformatio	er without consent of the adult student per 34 CFR Sec. 99.31(a)(8). e student must give written authorical student must	zation in order for the
party nam	ed above, as required to meet the needs of the student for whom t	he reques	t was originally made.	
	******For Office	Use O	nly***************************	***
	o ID verified Folder Checked for Legal Documentation that May R	estrict A	Access (i.e. Court Order)	
Information collected by:PRINT NAME(S)			Date:	
Information released/approved by: PRINT NAME Principal or AP			Date:	