



STUDENT EDUCATION RECORD REQUEST FORM

Business Services Department | 14521 Horizon Boulevard | El Paso, Texas 79928
Attn: Records Specialist | Phone: (915) 926-4095 | Fax: (915) 926-4089

Student education records (to include transcripts) for students attending any Clint ISD campus within the last two years must be made through the campus Principal, Counselor, or Registrar. Completed student education record request forms should be submitted to the campus at the address found in the District's website directory (www.clintweb.net). All other requests should be routed through the District's Business Services Department using the contact information listed above.

** Please allow 5-7 business days for request to be completed **

- TYPE OF RECORD -

Official Transcript Unofficial Transcript Other (please specify): _____
A \$2.00 SERVICE FEE (PAYABLE AT TIME OF REQUEST) WILL BE REQUIRED FOR OFFICIAL TRANSCRIPTS

- STUDENT INFORMATION -

Last Name (while enrolled at CISD)		First Name	Middle Initial
Date of Birth	Social Security Number	Phone Number	
Last Campus Attended		Date of: <input type="checkbox"/> Graduation or <input type="checkbox"/> Withdrawal	

If you would like information mailed, please complete the following:

Institution or Contact Name			
Attention			
Address			
City	State	Zip Code	

_____	_____
Student/Parent/Legal Guardian Signature	Date

NOTE: Only original signatures will be accepted and a valid driver's license or photo ID must be presented by the student 18 years of age or older or parent/legal guardian for students who are under 18. In the event that this form is not submitted in person and the requestor is unable to present a valid photo ID, the form must be notarized or a valid subpoena must be submitted.

**** TO BE COMPLETED BY NOTARY IF REQUEST IS NOT MADE IN PERSON ****

Before me, a Notary Public for the State of _____, did personally appear _____, known to me to be the person whose signature is affixed to the foregoing instrument. Dated this _____ day of _____, _____.

Notary Public for the state of _____

For Clint ISD Use Only

ID Checked, #: _____

Date Request Received: _____

Completed by: _____

Record Provided to: _____

Date Provided: _____

Picked Up at Office Mailed Out