



CLINT INDEPENDENT SCHOOL DISTRICT
Insert Campus Name
REQUEST FOR SCHOOL RECORDS

DATE: _____

STUDENT'S NAME: _____

SSN/STATE NO/ISDS: _____

DATE OF BIRTH: _____ GRADE: _____

NAME OF PREVIOUS SCHOOL: _____

ADDRESS: _____

CITY, ST, ZIP: _____

No signature of parent is required on the basis of public law 93-380 which was modified June 1976. This regulation allows access to student records by officials and employees within the educational institution in which a student may intend to enroll.

- ___ OFFICIAL TRANSCRIPTS WITH CREDITS POSTED
- ___ HEALTH AND IMMUNIZATION RECORDS
- ___ GRADES TO DATE OF WITHDRAWAL
- ___ DISCIPLINE AND ATTENDANCE RECORD
- ___ BILINGUAL/ESL TEST RESULTS AND LPAC RECOMMENDATIONS
- ___ HOME LANGUAGE SURVEY
- ___ STATE ASSESSMENT RESULTS/ACHIEVEMENT TEST RESULTS
- ___ SPECIAL PROGRAMS (I.E. GT, 504)
- ___ STATE ALTERNATE NUMBER (IF APPLICABLE)
- ___ WITHDRAWAL FORMS

REQUESTED BY: Campus
 ATTN: REGISTRAR
 Address 1
 EL PASO, TX 799

YOUR IMMEDIATE ATTENTION TO THIS MATTER IS APPRECIATED.

THANK YOU FOR YOUR COOPERATION,

Insert Your Name
REGISTRAR
PHONE: (915) 926-0000
FAX: (915) 555-5555

1st Request: _____
2nd Request: _____
3rd Request: _____

OR SCAN PASSWORD PROTECTED RECORDS TO: insert email