TYLER INDEPENDENT SCHOOL DISTRICT

STUDENT RECORDS 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Student records for students that have transferred out of or withdrawn from the Tyler Independent School District one (1) or more years ago should be made through the Records Management Office.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 seven (7) 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 ($0.10) per page, payable in advance.

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.) ☐ Adult Student named above (for students 18 years or older) **OR** ☐ Parent/Guardian of minor students named above (for students under 18)	
Last Four of Student's Social Security #	**Date of Birth** (MM/DD/YYYY)
Name of School for Which Records are Being Requested	
Father's Name	**Mother's Name**
Requestor's Phone Number(s)	**Requestor's Signature**

Types of Records Requested:

☐ Complete File
☐ Attendance or ☐ Enrollment
☐ Immunizations (only retained 2 years after withdraw)
☐ Discipline
☐ Special Program Records _____
☐ Other: _____

Special Request/Instructions

☐ Mail to: _____
☐ Pick-up Release to: _____ (Photo ID will be required)

****

FOR OFFICIAL USE ONLY FOR OFFICIAL USE ONLY FOR OFFICIAL USE ONLY

****

ID Provided: Tx DL Student ID Other: _____
Location: TEAMS FILEBOUND RMD CAMPUS: _____ No. of Pages: _____
Amount Paid: $_____ ☐Cash ☐ Check No._____ ☐ Money Order ☐ Fee Waived initial _____ _____
Date Complete: _____ Completed By: _____ Department/Campus: _____