



**CHARTER SCHOOLS
Student Records Request**

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

Fill in ALL boxes

Name of Requestor (Full Name)	Date of Request (MM/DD/YYYY)
Student's <u>Full</u> Name (while attending school)	
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, adult student or an authorized school district personnel.)	
<input type="checkbox"/> Adult Student named above (for students 18 years or older) <input type="checkbox"/> Legal Guardian of minor students (for students under 18) <input type="checkbox"/> Authorized School District Personnel	
Student's Social Security # - -	Date of Birth (MM/DD/YYYY)
Name of Closed Charter School for Which Records are Being Requested From:	
Requestor's Phone Number () -	Requestor's Email Address
Fax Number () -	
Mailing Address of Location Where Records Should be Sent To:	

Signature of Adult Student, Legal Guardian of Minor Student OR
 Authorized School District Personnel

Printed Name

Requests should be completed, signed and submitted via US Postal mail, email or fax to:

**Education Service Center Region 13
 Attention Priscilla Diaz
 5701 Springdale Road
 Austin, Texas 78723**

**Telephone: 512.919.5418
 Fax: 512.926.4406
priscilla.diaz@esc13.txed.net**