Request for Student Records

Requestor's Name: _____ Relationship to Student: _____

Student #1
Name of Student: _____ Date of Birth: _____

Last School Attended: _____

Student #2
Name of Student: _____ Date of Birth: _____

Last School Attended: _____

Student #3
Name of Student: _____ Date of Birth: _____

Last School Attended: _____

Student #4
Name of Student: _____ Date of Birth: _____

Last School Attended: _____

List the records you are requesting:

☐ **All Records (includes general education, special education, 504)**

☐ **Verification of Enrollment:** ☐ **IRS** ☐ **Include Affidavit** ☐ **Immigration**

☐ **Other (Specify)** _____

Or

☐ **Only provide the records listed below:**

_____

_____

_____

- Copies of records provided at a cost of ten cents per page (over 50 pages)
- A photo ID of the requestor is required at the time of request
- Only legal parents or guardians, or students over the age of 18 may request student records.

_____

Signature **Date** **Phone Number** **Email**

Submit requests to: student.records@ccisd.net

Please provide a copy of your photo I.D. upon submission of request.