RECORDS REQUEST FORM
Complete all sections. Return by mail, fax or in person.
Delays will occur during peak periods, such as registration,
Graduation, and at the end of the semester.

<div align="right">

Medina Valley High School
Office of the Registrar
8365 FM 471 S
Castroville, TX 78009
Phone: 830-931-2243 x. 1141 Fax: 830-931-0338

</div>

Date: _____   Student Social Security No.:_____   Date of Birth:_____

Student Full Name: _____
<div align="center">*Last   Name   Middle   Maiden*</div>

Former Name(s): _____   Date Last Attended:_____

Person requesting: □ Parent/Legal Guardian of: _____ [Student must be younger than 18 years of age]
<div align="center">*Print current student name and ID#*</div>

      □ Current Student: Student ID#_____

      □ Former Student (Note: if graduated prior to 1995, process time will be 5-7 days) Date of Graduation: MM/YYYY

<div align="center">*Please select the type of record type you are requesting:*</div>

☑	Record Type
	Transcript: (circle) Official *or* Unofficial *(Note: Unofficial copies are not accepted for admission by colleges/universities.)*
	Test Scores: (circle) PSAT or SAT or ACT or ASVAB *(Note: Copies of test scores may not be accepted by colleges/universities admissions.)*
	Verification of Enrollment for: (circle) OAG *or* Social Security *or* Court Ordered *or* Other: _____
	Immunization Records
	Birth Certificate

<div align="center">***Please print neatly your name and address below.***</div>

Your Address		☑	Purpose of Request
			Employment
			College / University
			Scholarship
			Military
			Transfer to:

<div align="center">

Processing Time
Normal processing time is <u>24-48 hours from the date of when the request is received</u>, excluding delivery.
Same-day-service is not available. Graduates prior to 1995, processing time is 5-7 days.

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Mailing Address		☑	Processing Instructions to Registrar:
			SEND in mail; *regular process (3-5 days)*
			SEND electronically: *process (24-48 hours)*
			Fax to:
			Will pick up: (must pick up within 24-48 hours after notified)
			OTHER:

Number of copies requested: _____   Student's Signature and Date: _____

If you would like an e-mail notification when your records were sent, clearly provide your email address in the space provided below:

_____ Phone Number: (____) _____

Records Received By: _____   Date: _____

FOR REGISTRAR USE ONLY:

Date Received		Archived Records Storage		Notified:		Call Slip:	
Amount Due				Notified:		Call Slip:	
Amount Paid		Paid: Cash or Check#		Notified:		Call Slip:	
Date Sent		TREX / Mail / Fax		Notified:		Call Slip:	
Date Picked Up				Notified:		Call Slip:	