



MANSFIELD INDEPENDENT SCHOOL DISTRICT
 ~Parents/Students Educational Records Request~

Records Requested For:

Student's Full Name:	Last Year and Grade Attended in the MISD:
Student's Date of Birth:	Year Graduated (if applicable):

Records / Confidential Information Requested: (may take up to 10 business days for processing)

Section A: Records Request for Below Records School May Release without Sending to Business Office

<input type="checkbox"/>	Transcript of Grades (i.e. report cards/transcripts)	<input type="checkbox"/>	Enrollment Form(s)
<input type="checkbox"/>	Birth Certificate Copy	<input type="checkbox"/>	Social Security Card Copy
<input type="checkbox"/>	Attendance Records	<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	Health/Medical Records	<input type="checkbox"/>	Assessment/Test Results

Charge for copies will be 10 cents per page (after the first 10 pages) plus actual postage, if mailed, paid in advance

Section B: Records Request for Below Records must be sent to Business Office for Approval

<input type="checkbox"/>	Special Education Records (if applicable)	<input type="checkbox"/>	504 Records (if applicable)
<input type="checkbox"/>	Other (please explain):		

Send or Release Records as indicated below by completion of information:

Name: _____ Contact #: _____
 Mail: _____
 Address: _____ Fax number: _____
 City/State/Zip: _____ e-mail: _____

- Picture identification and signatures are required for all requests (**copy of photo ID must be attached to this form**).
- Parents may view their students' records in the presence of an MISD professional employee. However, if a parent requests copies of records, the request must be documented with this form.
- Parents may view or request records for students who are age 18 or older without consent of the adult student if the parent provides the school with evidence that the eligible student is a dependent per 34 CFR Sec. 99.31(a)(8).
- If records are requested for a current or prior student age 18 or older, the student must sign this form in order for the MISD to release records / confidential information.
- Cash, money orders, and personal checks are accepted. Credit cards will not be accepted.

Signature of Parent/Guardian, Student, or Adult Student: _____ *

*By signing above, I give permission for the release of records / confidential information to the party named above, and for the MISD to consult with the party named above, as required to meet the needs of the student for whom the request was originally made.

*****For Office Use Only*****

- Photo ID Copied and Attached
- Cum Folder Checked for Legal Documentation that May Restrict Access (i.e. Court Order)

Verified by (MISD Professional Employee): _____ Date: _____