

AISD Records Request Form

Austin Independent School District
Office of Student Services
1111 West 6th Street, A-200 Austin Texas 78703-5399
Phone 512-414-1726 / Fax 512-414-4994

Date of Request: _____

Information will be (check one) ☐ mailed ☐ picked up ☐ emailed ☐ faxed

If emailed, email address: _____

If faxed, fax number: _____

For Office Use Only:

Date Stamped: _____

Date Completed: _____

Mailed: _____ Faxed: _____

Picked up: _____ Emailed: _____

Processed by OSS staff: _____

AISD Student number: _____

Student Information: (To be completed and signed by the legal parent/guardian or student who is 18 years old. ID is required.)

Student's Name: _____ Date of Birth: _____

Current or Last AISD School Attended: _____ Current or Last Grade Completed: _____ Current or Last Year Attended: _____

Father's Name: _____ Mother's Name: _____

Requestor's Information: (A copy of a valid photo ID must be provided with request. If unavailable, please call Student Services at 512-414-1726.)

Person requesting information: _____

Current Street Address _____ City _____ State _____ Zip Code _____

Contact Phone Number: _____

By signing this form, I am acknowledging that I have the right to obtain the information requested above. The information provided on this form is accurate to the best of my knowledge. If I requested information via email or fax, I give permission to use the email or fax provided above.

Requestor's Signature: _____ Date: _____

AISD High School Transcript Request:

Name at time of graduation:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of graduation: _____ AISD Campus: _____

OR – Former name of student who did NOT graduate from AISD:

Last Name: _____ First Name: _____ Middle Initial: _____

Last AISD Campus attended: _____

Reason for Requesting School Records:

☐ Deferred Action (Dream Act) ☐ Immigration ☐ Passport (Requestor will need to be provided a photo) ☐ Enrollment History

☐ Mexican Consulate Identification Card ☐ Child Support ☐ Social Security Card ☐ IRS (provide school years needed) _____

☐ Texas State ID ☐ Texas Driver's License

☐ Other (Please Specify): _____

Release of records: (Complete only if information is to be picked up by someone other than the person making the request)

I, _____ the parent/guardian of the student, or adult student, of whose information is being released hereby, authorize the Austin Independent School District and its representatives, to release the information requested to _____. This authorization is valid for this transaction only.

Requestor's Signature: _____ DATE: _____