

**CONNALLY INDEPENDENT SCHOOL DISTRICT  
REQUEST FOR STUDENT RECORDS**

- *This request must be completed in its entirety before processing. You may have your request mailed, faxed, e-mailed or picked up, but all official transcripts will only be mailed to the appropriate places. Official transcripts will not be sent to individuals. Once you are 18 years of age you are the custodian of your educational records and your records will not be released without a written release from you. Requests will be processed within 7-10 business days.*

Name of Requestor: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Requestor's relationship to name listed on the records: (Please check one)

Myself     Spouse     Son     Daughter     Other: \_\_\_\_\_

Name that appears on records: \_\_\_\_\_

(Include all possible names you may have used while attending CISD, especially maiden names or adopted names)

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I, \_\_\_\_\_ (signature required) hereby request under Article 6252-17a of the Open Records Act and CISD Board Policy GBA, the following information:

Item(s): \_\_\_\_\_  
(Example: Transcript, Official Transcript, Shot Record, etc.)

*Please complete the following:*

GRADUATED

Date Graduated: \_\_\_\_\_

DID NOT GRADUATE

Date you last attended: \_\_\_\_\_

*Please check what school/program you last attended:*

Connally High School

Lakeview Academy

Alternative/GED Program at TSTC

How would you like your request sent:

Mailed

Faxed

Picked Up

E-Mailed

*Please provide the appropriate information below of where you would like your records sent.*

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**For Office Use Only:**

Received: \_\_\_\_\_

Sent: \_\_\_\_\_