



Texarkana

Independent School District

4241 Summerhill Road • Texarkana, Texas 75503 • 903.794.3651 • fax 903.791.2995 • www.txkisd.net

STUDENT RECORDS RELEASE FORM

Party requesting records: _____

Phone numbers: Home: _____ Work: _____

Full Name Of Student At Time Of Enrollment (Please Print)

First: _____ Middle: _____ Last: _____

Date of birth: _____ Last grade attended: _____ Date of graduation/withdrawal: _____

Last TISD campus attended: _____

Type of records requested: *(Transcript, enrollment, proof of birth, attendance, etc.)*

Reason for request of records: *(College, Employment, ID Card, Driver's License)*

Party to whom records are to be released:

Self Parent/Guardian Other *(name)* _____

Positive Photo ID, such as a Driver's License Required for Records Release

Check release method: pick up mail fax number

Current Mailing Address Required For All Request Of Student Records Or Mail To Address Of College

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby give consent for the release of the records listed above.

Signed: _____ Date: _____

Parent/Guardian or Eligible Student *(Students under the age of 18 must have signature of parent/guardian)*

For Office Use Only

ID Provided: _____ Request Date: _____

Release Date: _____ Released By: _____

Campus: _____ Source: _____