

Doss Elementary

Austin Independent School District
Online Records Request Form

			Date	or record re	equest:	
Student Name:	Date of Birth:					
Name of last schoo	l attended:					
Address:						
Phone num	ber of forme	er school:				
Contact email for po	erson fulfilli	ng reques	st:			
Parent/Guardian sig	gnature:					
For Office Use only	:					
Abo	ve named st	udent enro	olled on			in
	Kindergarten	1st grade	2 nd grade	3 rd grade	4 th grade	5 th grade
	•	•			<u> </u>	

PLEASE SEND THE FOLLOWING:		IF APPLICABLE:			
X	Original home language survey	Gifted and talented records			
	Birth certificate	LPAC records/ scores (out of state equivalent)			
	Immunization records	OLPT or other test scores			
X	Attendance records	qualifying documentation for PK			
X	Withdrawal form	Special education / 504 records			
X	Report cards	State test and labels			
	Discipline records				

According to Final Regulation – Family Rights and Privacy Act (Buckley Amendment) dated June 17, 1976. It is no longer necessary to obtain written consent to release records. It states that school officials of other school in systems in which the student may intend to enroll, may receive a student's records without written consent for such release.