

Austin Independent School District Online Records Request Form

	Date of record request:								
Student Name:					Date of Birth:				
Name of last sc	hool attended:							-	
Address	:							_	
Phone n	umber of forme	er school:							
Contact email fo	or person fulfill	ng reques	st:						
Parent/Guardia	n signature:								
For Office Use of	only:								
Above named student enrolled on							in		
	Kindergarten	1 <sup>st</sup> grade	2 <sup>nd</sup> gr	ade	3 <sup>rd</sup> grade	4 <sup>th</sup> grade	5 <sup>th</sup> grade		
PLEASE SEND THE FOLLOWING:				IF AP	PLICABL	Æ:			

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.

Gifted and talented records

OLPT or other test scores

State test and labels

qualifying documentation for PK

Special education / 504 records

LPAC records/ scores (out of state equivalent)

PLEASE EMAIL ALL RECORDS REQUESTED TO: dossregistrar@austinisd.org

Original home language survey

Birth certificate

Immunization records

Attendance records

Withdrawal form

Discipline records

Report cards

X

X

X

X