



Big Spring Independent School District

Student Records Request Form

Please complete the form below to request ANY student records for your student.

All requests must be completed and submitted with a current valid driver's license or state issued picture ID. You may fax your request to (432) 264-3618 or email to our office.

You **MUST** be the student's LEGAL parent, as documented on the students Birth Certificate or official court orders signed by a judge, in order to request the student's records.

Requests are generally sent within 24 - 48 hours of receipt of request excluding weekends and holidays. **All fields are required.** Please note ... Special Education, 504, G/T and other special program records need to be requested directly from those offices.

Student Full Name (As On Birth Certificate):			
Student Date of Birth (MM/DD/YYYY):			
Current Grade Level:		Current Campus:	

PLEASE CHOOSE YOUR RETURN DELIVERY OPTION:

- ☐ Will pick up in person *(requires a picture ID)*
- ☐ U.S. POSTAL MAIL TO LEGAL PARENT: *(please print very clearly)*

Legal Parent Name:	
Mailing Address:	
City:	
State:	
Zip:	
Phone:	

TYPE OF RECORDS BEING REQUESTED:

- | | | |
|--|--|---|
| <input type="checkbox"/> Report Card | <input type="checkbox"/> Attendance Record | <input type="checkbox"/> Discipline Record |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Other: _____ | | |

Signature of Requestor: _____ Date: _____

Requestor Date of Birth: _____