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| BISD Logo Blue | Brownsville Independent School DistrictRECORDS MANAGEMENT**REQUEST FOR STUDENT RECORDS** |

Upon request of a properly qualified individual, access to a student’s education record shall be granted within a reasonable period of time, not to exceed 45 days. The District shall respond to reasonable requests for explanations and interpretations of the records. 34 C.F.R. 99.10 FL(LEGAL)

**Instructions:** Please complete form, sign, and return along with a copy of a driver’s license or photo I.D. via one option listed:

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| **Mail to:** Simon Rivera Early College H. S.**Records Department**6955 FM 802Brownsville, Texas 78521 | **Email:** mrtrevino@bisd.us**Phone:** (956) 698-1171**Fax:** (956) 831-8761 |  |
|  |
| **Today’s Date:** |  **Phone: ( )** |
| **Full legal name of requestor:** (Print)*(Married full name)* |  |
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## *STUDENT INFORMATION*

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| **Date of birth:** |  |
| **Student ID Number:** |  |
| **Name while attending school:** |  |
| **Name of B.I.S.D. school last attended:** |  |
| **Year student last attended school:** |  | Graduated |  **Yes No** |
| **What is the record needed for:** | College | Employment | Identification | Social Security |
| Immigration | Passport Other (specify) |
| **Type of copy needed:** | Official (in a sealed envelope) | Non-official |

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| FORWARD RECORD:  | \*\*Official transcripts cannot be emailed or faxed because of the seal.\*\* |
| I hereby authorize Brownsville ISD to ***mail***, ***fax or*  *email***  the transcript to the following: |
| **Location:** |  | **Attn:** |
| **Address:** |  | **City/State:** |
| **Zip Code:** |  | **Fax #:** |
| **Email:** |  |  |

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| Picked up by: | *If you cannot pickup your records, you may authorize someone else to pick them up. Please fill out the Authority to Release Form located below. Both forms ARE required.* |

**NOTE: Anyone signing this Request Form must provide a copy of a driver’s license or photo I.D.**

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| ***▲Signature of student* *or parent/legal guardian*** | ▲Date |
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| **FOR OFFICE USE ONLY** |
| **Location:** | **Processed by:** | Date: |
| Faxed | Mailed | Pick up | Emailed |  Phone Verify |  No record found/memo |  Never picked up | Date: |
| Notified: | Notes: |

BISD does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or genetic information in employment or provision of services, programs or activities.

Revised 12/18/2019

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| BISD Logo Blue | Brownsville Independent School DistrictRECORDS MANAGEMENT**AUTHORITY TO RELEASE FORM** |

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| This form **must** accompany a **Records Request Form** when the Requestor is not able to pick up his/her academic records and authorizes someone else to pick-up.**Before any record is released, this form must be accompanied by:**(1) picture I.D. of requestor & (2) picture I.D. of authorized person |

 **Date: \_\_\_\_­\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

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| **TO:** | **Simon Rivera Early College H. S.**  C/O: Records Department6955 FM 802Brownsville, Texas 78521 |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Print Name of Requestor Print Name of person authorized to pick up*

to pick up my transcript. The person authorized to pick up my records is a:

parent wife husband sibling friend

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *I understand that before any records are to be released, a valid picture I.D. shall be required* |
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| *▲ Signature of Requestor* |

Policy FL(LEGAL) - The District must use reasonable methods to identify and authenticate the identity of parents, students, school officials, and any other parties to whom the District discloses personally identifiable information from education records. *34 C.F.R. 99.31(b)-(c)*

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Updated 5/27/14