



Brownsville Independent School District Records Management & Recycling

Authority To Release Letter

Date: ____ / ____ / ____

To: Brownsville Independent School District

C/O: Records Management Office

4310 E. Morrison Rd.

Brownsville, Texas 78521

Tel: (956) 544-3972 / Email: records@bisd.us

I, _____ do hereby authorize _____
Name of Requestor *Name of person authorized to pick up*

to pick up my transcript and/or immunization records.

The person authorized to pick up my records is a: parent, wife, husband, friend,

Other: _____

Remarks: _____

Authorized Signature: _____

A picture identification copy of the person authorizing this document MUST be attached to this form and to the Records Request form. The person authorized to pick up the records must also present their picture identification card.