



# Request for Maypearl ISD Student Records

## Requestor

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I certify that I am:

The Parent/Guardian (for students 17 years or younger); there are no known legal orders preventing me from having access to these records.

The Eligible Student (18 years or older)       Other: \_\_\_\_\_

## Student Personal Information

Student's Name While Attending School: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Name of Parents or Custodian: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ or Last Year of Attendance: \_\_\_\_\_ and Grade Level: \_\_\_\_\_

## Information Requested

Cumulative (Elementary / Middle)

Transcript (High)

Medical (Shot) Records

**\$2.00 per record requested, payable in advance.**

## Release Form

*I authorize Maypearl Independent School District to release/send the requested information in the following way: Transcripts will be mailed via U.S. Mail; no transcript will be emailed or faxed.*

Pick-Up

Mail to:

Company/School/Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

For The Purpose of: \_\_\_\_\_

## Verification

\_\_\_\_\_  
Eligible Student Print Name

\_\_\_\_\_  
Signature (required if student is 18 or older)      Date

\_\_\_\_\_  
Parent Print Name

\_\_\_\_\_  
Signature (required if student is under 18)      Date

Copy of photo ID attached: Yes \_\_\_\_ No \_\_\_\_

Number of Records: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  Cash     Money Order Payable to: Maypearl ISD

Date: \_\_\_\_\_

**All requests MUST include a copy of your Driver's License or other photo identification with signature.**