



REQUEST FOR STUDENT RECORDS

PLEASE ALLOW 2 DAYS FOR PROCESSING OF YOUR REQUEST.

Jersey Village Fax # 713-849-6711

Email request to: Jerseyvillageregistrar@cfisd.net

Pick up _____ Mail _____ Fax _____ Scan to parent _____

Student's Name: _____ Date: _____

Student ID # (6 digit #): _____ Grade: _____ Student's DOB: _____

Signature: _____

I would like Jersey Village to provide me with a copy of the following information:

_____ Birth Certificate copy

_____ State Testing sheet /scores copy

___ English I **Reading** ___ English I **Writing** ___ English II

___ Algebra I ___ Biology I ___ US History

_____ Social security card copy

_____ Immigrant Information **ONLY** (see below)

_____ Proof of enrollment/withdrawal dates

_____ Report Card copy (**current address must be provided below**)

_____ Verification of Enrollment letter (**NOT FOR DRIVER'S ED**)

_____ **Child support** verification of graduation date & enrollment letter

_____ Auto Insurance form verification (form provided by insurance co.)

_____ Copy of Demographic page (picture)

Home Address (if your request is to be mailed): _____
