



Brownsville Independent School District Records Management Department Request for Student Records & Immunizations



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 the form and email a copy of a driver's license or photo I.D to records@bisd.us. If you have any questions, please contact (956) 544-3972.

Your full legal name Su nombre	:		Today's date Fecha	:	
Your phone number Su número telefónico	:		Your email Su correo electrónico	:	

FORMER STUDENT INFORMATION

Your maiden name Su nombre de soltera	:		Last 4-digits of SS# Últimos 4 del SS#	:	
Last school at BISD? ¿Última escuela en BISD?	:		Date of birth Fecha de nacimiento	:	
Last school year at BISD? ¿Último año en BISD?	:		Did you graduate? ¿Se graduó?	:	

BISD schools ONLY Did you attend: Asistió a :	Elementary School? Yes No	Middle School? Yes No	High School? Yes No
--	----------------------------------	------------------------------	----------------------------

Record needed for? ¿Necesita el archivo para?	<input type="checkbox"/> College//Universidad	<input type="checkbox"/> Employment//Empleo	<input type="checkbox"/> Identification//Identificación
	<input type="checkbox"/> Social Security//Seguro Social	<input type="checkbox"/> Immigration/ Inmigración	<input type="checkbox"/> Passport//Pasaporte
	<input type="checkbox"/> Other _____		

Type of Record? ¿Tipo de archivo?	<input type="checkbox"/> Academic Transcript//Archivos Academicos	<input type="checkbox"/> Immunization//Vacunas	<input type="checkbox"/> Both //Los dos
---	--	---	--

I, the parent/guardian of the student, or adult student, of whose information is being released hereby, authorize the Brownsville Independent School District and its representatives, to release the information requested to:
Yo, el padre/tutor del estudiante, o estudiante adulto, cuya información les otorgó por medio del presente, autorizo al Distrito Escolar Independiente de Brownsville y sus representantes entregar la información solicitada a:

Organization name Nombre de organización	:		Email address Correo electrónico	:	
Telephone // Teléfono	:		Fax // Número de fax	:	
Address // Dirección	:				

I authorize the person listed below to pick up my academic records and/or (protected health information) immunizations. They are aware they must present their picture identification.
Yo autorizo a la persona listada a continuación a recoger mis archivos académicos y/o mis vacunas (información de salud protegida). El/Ella sabe que deben presentar su identificación con foto.

Assigned Person Persona Asignada	:		Relationship Relacion	:	
-------------------------------------	---	--	--------------------------	---	--

NOTE: A copy of your driver's license or photo I.D is required along with this form.
NOTA: Se requiere una copia de su licencia de conducir o identificación con foto junto con esta forma.

✓	✓
---	---

Signature of Student or Parent / Legal Guardian **Date**

FOR OFFICE USE ONLY						
Processed by:	Processed Date:	Closed Date:	Record Location: BISD ID			
			VE	Film		
Notes: *Mailed *Pick-up *Phone Verified *No record found/memo *Never picked-up *Didn't send ID * Incomplete DoB						
*Pending Legal Doc *Email Note from Student:						