

For Office Use Only: Emailed: _____ Faxed: _____ Mailed: _____ \$ _____

Donna Independent School District

Records Management Department
Consent to Release Confidential Information

Name: (Print) _____ Date: _____
(Name on record while attending Donna ISD)

Date of Birth: _____ Phone: _____

Last school attended at DISD: _____ Year: _____

Number of copies: _____ fee \$ 1.00 per transcript (.50 each additional page) **(Cash or Money Order Only)**

Reason for request: _____ College _____ Employment _____ Identity _____ Social Security _____ Immigration
_____ Passport _____ Immunizations _____ Other (Specify) _____

Type of record needed: _____ Official (sealed envelope) _____ Un-official: (not sealed)

To Pick Up Requested School Records You Must Present A Photo I.D.

Allow 3-7 business days for processing of request.

Person authorized to pick up records: _____
(Must Present Valid Picture ID)

✓ _____ ✓ _____
(Signature) (Print Name)

OFFICE USE ONLY

Comment: _____

Records Department Employee Date _____ Amount \$ _____ Receipt # _____

Date: _____

Copies Released: _____