

Hillsboro Independent School District

Admissions & Records 119 E. Franklin Street Hillsboro, Texas 76645

Phone: (254) 582-8585 Fax: (254) 582-4165 SCHOOL RECORDS RELEASE REQUEST

The Family Educational Rights and Privacy Act (FERPA) requires a signed release of information and identification from any person or institution requesting school records. This release must be completed before any records can be issued. Please provide the following information listed below. Thank you.

Request Type – □ Fax □ Mail	- Check one: □ E-mail □ Walk-in □ C	Other
Requested By:		Date:
Proof of ID pro	vided:	(attach copy)
☐ Birth Ve☐ Transcri	ript	
Name as it appe	ears on school records:	
First:	Middle:	Last/Maiden:
Birth Date:		
		If Was VEAD of Craduction
Did you graaua		If Yes, YEAR of Graduation: Last Grade or Year Enrolled:
Student's Recor	rds will be:	
□ Picked up:	Pick-up Date:	
□ Faxed:	Fax No.:	
□ E-mailed:	E-mail Address:	
□ Mailed:	Name and Address:	
Signature:		
	STUDENT SERVICE	