# WALLER INDEPENDENT SCHOOL DISTRICT

## Student Records Request

- Once a student reaches the age of 18, all requests must be made by the student.
- The student must indicate any individual who has a right to access his/her records.

**A VALID PHOTO I.D. (OR COPY OF ONE IF MAILING IS REQUIRED)**

**STUDENT NAME** (Last) (First) (Middle)

**MAIDEN NAME**

**DATE OF BIRTH**

**SCHOOL CHILD CURRENTLY ATTENDS/ATTENDED**

**YEAR GRADUATED OR LAST YEAR ATTENDED**

**PHONE #**

**EMAIL**

**RELATIONSHIP TO STUDENT** (parent/guardian/eligible student)

### TYPE OF RECORD REQUESTED

- ☐ **Written Records** (grades, discipline, health, attendance, etc.)
- ☐ **Video/Media Records** (bus, hallway, classroom camera)
- ☐ **Other:**

**PREFERRED CONTACT METHOD** (phone/email/mail)

I acknowledge that the above information is correct and I hereby authorize Waller ISD Records Center to release the records to myself **OR** release/mail to the following (must include mailing address):

☐ **PLEASE SPECIFY THE RECORD(S) REQUESTING:**

**SPECIFIC INCIDENT DESCRIPTION** (date, location, time, and what occurred)**:**

**SIGNATURE**

**DATE**