

APPENDIX D
SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
REQUEST FOR STUDENT RECORDS
Phone 713- 365-5223

Instructions: Please complete this form and **FAX to 713-464-8916** or Mail to: **Records Clerk
SPRING BRANCH I.S.D.
Records Management Office
1031 Witte Road
Bldg. E
Houston, Texas 77055**

Name of requestor: _____ (Name of parent/legal guardian required when requesting records for student under the age of 18.)

Address: _____ PHONE # _____
_____ FAX # _____

STUDENT INFORMATION

Social security number of student: _____

Student's date of birth: _____

Name under which student attended: _____

Name of S.B.I.S.D school student last attended: _____

Year student last attended the institution: _____

_____ Graduated

_____ Withdrew

***** G.E.D. records can be obtained by calling the Texas Education Agency at 512-463-9734 *****

I hereby authorize Spring Branch I.S.D. to mail or fax the transcript to the following:

Send To: _____

_____ Fax# _____

NOTE: Anyone signing the Request Form must provide a copy of a driver's license or photo ID.

Signature of student or parent/legal guardian

Date