

Spring Branch Independent School District

RECORDS MANAGEMENT

1031 Witte Rd., Bldg. T-1A Houston, TX 77055 Phone: 713-251-1100 Fax: 713-251-9030 records@springbranchisd.com

RECORD REQUEST FORM

Social Security Number: Date of Birth: Last SBISD School Attended:	Full Name As It Appears On School Records:	
Last SBISD School Attended:	Other Name(s):	Student ID:
Year Graduated: Or Last Year Attended: Phone Number ()	Social Security Number:	Date of Birth:
Year Graduated: Or Last Year Attended: Phone Number ()	Last SBISD School Attended:	
WILL PICK UP Type of Record: Type of Transcript: MAIL TO THE Transcript Enrollment ADDRESS Verification		
Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record: Image: State of Record:	Phone Number ()	
ADDRESS Verification the university, employer or other designated agency.)	WILL PICK UP Type of Record:	Type of Transcript:
Plages Sand Tay (Applicant is responsible for address, Consulate and form for each address)		ion the university, employer or
Please Seria 10: (Applicant is responsible for dataress. Complete one form for each dataress.)	Please Send To: (Applicant is responsible for address. C	Complete one form for each address.)
School/Business Name:	School/Business Name:	
Department/Attn:	Department/Attn:	
Street:	Street:	

City/State/Zip:

POSITIVE IDENTIFICATION AND SIGNATURE IS DUE AT THE TIME OF REQUEST

The Family Educational Rights and Privacy Act of 1974 establishes the privacy rights of students (parents if the student is under 18) with regard to educational records. The act makes provision for inspection, review and amendment of educational records by the student and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent must be in writing signed and dated by the student and must specify records to be released, the reason for the release, and the names of the parties to whom such records will be released. The act applies to all persons formerly and currently enrolled at an educational institution. No exclusion is made for non-U.S. citizen students. However, the act does not apply to a person who has applied for admission, but who never actually enrolled in or attended the institution, and deceased persons.

OFFICE USE ONLY:			
PICKED UP	MAILED	OTHER	
Processed By:			

RECORDS NOT PICKED UP IN 30 DAYS WILL BE DESTROYED

Signature of Applicant: ______ Date of Application: ______ Parent Signature: _____