



Doss Elementary

Austin Independent School District
Records Request Form

Student Name: _____ Date of Birth: _____

Name of last school attended: _____

Address: _____

Phone number of former school: () _____ Fax: () _____

Email for person responsible to fulfill records request: _____

Signature of Enrolling Parent: _____

Date of enrollment: _____ Date of record request: _____

For Office Use only:

The above named student has enrolled in the ____ grade at Doss Elementary.

Please send the following information:

- Withdrawal form
- Original home language survey
- Birth certificate
- Immunization records
- Attendance records
- Report cards

IF APPLICABLE:

- Special education / 504 records
- Gifted and talented records
- LPAC/TELPAS/ELL/LEP records/scores (out of state equivalent)
- OLPT or other test scores
- State test and labels
- Discipline records

According to Final Regulation – Family Rights and Privacy Act (Buckley Amendment) dated June 17, 1976. It is no longer necessary to obtain written consent to release records. It states that school officials of other school in systems in which the student may intend to enroll, may receive a student's records without written consent for such release.

PLEASE SEND ALL RECORDS TO:

Pat Minford

Email: patricia.minford@austinisd.org

Fax: 512-345-0013

Phone: 512-414-4153