

Austin Independent School District
Online Records Request Form

		Date	e of record request:
Student Name:			Date of Birth:
Name	e of last school attended:		
	Address:		
	Phone number of former school: _		· · · · · · · · · · · · · · · · · · ·
Cont	act email for person fulfilling request:		
Parei	nt/Guardian signature:		
For C	Office Use only:		
	Above named student enrolled	on	in
	Kindergarten 1 st grade	2 nd grade	3 rd grade 4 th grade 5 th grade
PLEASE SEND THE FOLLOWING:			PPLICABLE:
X	Original home language survey		Gifted and talented records
	Birth certificate		LPAC records/ scores (out of state equivalent)
	Immunization records		OLPT or other test scores
X	Attendance records		qualifying documentation for PK

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.

Special education / 504 records

State test and labels

Withdrawal form

Discipline records

Report cards

PLEASE EMAIL ALL RECORDS REQUESTED TO: Pat Minford, Registrar (patricia.minford@austinisd.org)