

**Leggett Independent School District**

P.O. Box 68  
Leggett, TX 77350

**Request for LISD Student Records**

**Requestor**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I certify that I am:

- The Parent/Guardian (for students 17 years or younger); there are no known legal orders preventing me for having access to these records.
- The Eligible Student (18 years or older)       Other: \_\_\_\_\_

**Student Personal Information**

Student's Name While Attending School: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Name of Parents/Guardian/Custodian: \_\_\_\_\_ Student SS #: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ OR Last Year of Attendance: \_\_\_\_\_ and Grade Level: \_\_\_\_\_

**Information Requested**

- Attendance Records       Birth Certificate       Cumulative/Academic File
- Immunization Records       Report Card       Standardized Test Scores
- Special Program Records: \_\_\_\_\_
- Other: \_\_\_\_\_

A cost of 5 cents per page will be charged payable in advance, as well as mailing costs.

**Release Form**

I authorize Leggett Independent School District to release/send requested information in the following way:

- Send records home with student       Parent will pick up
- Or, if records are to be sent to someone other than the requestor, mail/fax/email to:  
Company/School/Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

For the Purpose of: \_\_\_\_\_

**Verification**

**Picture identification and signature are required for all requests:**

\_\_\_\_\_  
Eligible Student Print Name      Signature (required if student is 18 or older)      Date

\_\_\_\_\_  
Parent Print Name      Signature (required if student is under 18)      Date

Verified ID LD#: \_\_\_\_\_ By: \_\_\_\_\_ Campus: \_\_\_\_\_  
Number of Pages: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  Cash     Money Order #    Date: \_\_\_\_\_