



REQUEST FOR RECORDS

Student Name: _____

DOB: _____

Social Security Number: _____

Grade: _____

Name of Previous

School: _____

Telephone: () _____ Fax:

() _____

Attention: Registrar/

Admissions _____

Please forward the following records as soon as possible. Your immediate attention is sincerely appreciated.

_____ **Withdrawal Form**

_____ **Grades**

_____ **Immunization Records**

_____ **Copy of Social Security Card or PEIMS ID (Texas Schools Only)**

_____ **Copy of Birth Certificate**

_____ **Attendance Records**

_____ **STAAR Results and/or Standardized Scores**

_____ **Bilingual Program Packets**

Purpose of Disclosure: To determine appropriate placement and eligibility at Texas Preparatory School.

Signatures:

Parent/Guardian_____

School Official's Signature_____