

NORTHSIDE INDEPENDENT SCHOOL DISTRICT

5900 Evers Road
San Antonio, Texas 78238

**“FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974”
RECORDS RELEASE OR REQUEST FORM**

Student’s Name _____ Today’s Date ____/____/____

Former/Maiden Name _____ SS# ____-____-____ Birthdate ____/____/____

Student’s Current Address _____ City _____

State _____ Zip _____ Phone _____ When Attended _____ Grade _____

Withdrawal Date _____ GED _____ Graduation Date _____ Last School _____

CONSENT FOR RECORDS RELEASE
(Multiple Requests documented on Transcript Request Form)

I desire and acknowledge that a transcript of the high school record for my son/daughter _____
_____, upon his/her written request, may be sent to officials of colleges, universities, organizations, or
foundations for the purpose of college enrollment, financial aid or scholarships, athletic eligibility, military recruitment, special
programs and employment.

Student Signature (18 years of age and above)

Parent /Guardian Signature (for Students Under 18 years of age)

(To be notarized when parents or guardians request transcripts for the 18 year old or older dependent student.)

<p>I certify that I claim _____ as my dependent son/daughter under the Internal Revenue Code, Section 152.</p>	<p>SWORN TO AND SUBSCRIBED before me by said <u>NOT REQUIRED</u> on this _____ the day of _____ 20__.</p>
<p>_____ Signature of Parent/Guardian</p>	<p>_____ Notary Public Bexar County, Texas My commission Expires _____</p>