

Jarrell Independent School District

PO Box 9
Jarrell, Texas 76537
www.jarrellisd.org

RECORDS REQUEST

Date _____

Last School & District Attended

City & State of that School

Last School Phone or Fax Number _____

The above named student has enrolled in our school district. He/She states that (s)he was previously enrolled in your school district.

Please forward the following information to Jarrell ISD in a timely manner.
Thank you in advance for your cooperation:

Student's Cumulative Records

Grades received at the time of withdrawal and last report card

Health Records/Birth Certificate/ Social Security Card

Test Scores

Special Program Information (504 and/or SPED) yes _____ no _____

Disciplinary Action Pending yes _____ no _____

Other Pertinent Information

As stated in the Family Educational Rights and Privacy Act, consent from the parent/guardian is not required for the release of records to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parent/guardian is aware of the transfer.

Sincerely,
Student Record

*****OFFICE USE*****

Requesting Campus: _____

Return to Fax# : _____ Email Address: _____