STUDENT ID# (OPTIONAL) _____

Records Management Office

Plano Independent School District
2700 W. 15th St., Plano, TX 75075
Office: 469-752-8067 * Fax: 469-752-8050**

PLEASE MAIL Cash or Check/Money Order (PAYABLE TO: Plano ISD) to the above address

Document(s) you are requesting:

☐ **TRANSCRIPT** ☐ **HEALTH RECORD** ☐ **PROOF OF ENROLLMENT** ☐ **OTHER RECORDS**

LAST NAME/MAIDEN (Name on Record) FIRST NAME MIDDLE NAME

STREET ADDRESS CITY STATE ZIP

DATE OF BIRTH SOCIAL SECURITY # DAYTIME PHONE #

GRADUATED OR WITHDRAWN LAST GRADE ATTENDED SCHOOL

DRIVER'S LICENSE STATE EXP. EMAIL ADDRESS

☐ Personal Copy (uncertified) $1.00

_____ Pick up by student
_____ Mailed to: _____

I understand that the electronic transmittal of material may not be available by secure methods and may be capable of observation, interception, or monitoring by others. Further, I understand the District cannot guarantee that the records will be received only by the requester at the fax number provided.

_____ *Fax to: _____ ***NO CHARGE FOR FAXING**

☐ Certified copy $2.00 (To be mailed to a University or Agency, not to an individual)

Mail to: _____

Include my test scores with transcript _____**YES** _____ **NO**

_____ I hereby give my permission for the following person to pick up a copy of my transcript:

Name: _____

ID: Driver's License # _____ State_____ Exp _____

Signature of Student: _____ Date: _____

FOR OFFICE USE ONLY: ☐ **TREx**

Date processed _____ Processed by _____ Check#_____ Cash _____

Notes: _____

Access to student records will be granted according to Federal Educational Rights to Privacy Act (FERPA) and Plano ISD policies FL (Legal) and FL(Local) for student records. FERPA allows 45 days to comply with a request for records.

PISD.recreq.7/2012, 5/2013, 10/2014, 8/2015
3225-02 PERM