

Katy Independent School District  
Request/Release of Student Records

Date: First Request	Date: Second Request	Date: Third Request	Date Records Received:
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**To:**

Previous School:		
Street Address		
City	State	ZIP

Dear Registrar:  
We are in the process of completing enrollment for the following student who formerly attended your school:

Last Name	First Name	Middle Initial	Grade	Date of Birth
Social Security No. ____-____-____	State ID#	MSRTS ID# (if applicable)		

The Family Education Rights and Privacy Act (20 u.s.c. sec. 1232g) allows educational institutions to transfer records without written consent to another school system in which the student has enrolled.

In order to complete our enrollment process (and LEP screening process, if applicable) for the above named student, we are requesting the following records:

**NO RECORDS AVAILABLE**

<input type="checkbox"/> Health Records <input type="checkbox"/> Academic/Attendance Records <input type="checkbox"/> Test Records <input type="checkbox"/> Psychological Data <input type="checkbox"/> Special Education Records <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Number and/or State ID Number <input type="checkbox"/> Gifted and Talented Records <i>Area of Giftedness Served:</i> <input type="checkbox"/> General Intellectual Ability <input type="checkbox"/> Specific Subject Matter Aptitude <input type="checkbox"/> Creative/Productive Thinking <input type="checkbox"/> Leadership Ability	<input type="checkbox"/> ESOL Records and/or <input type="checkbox"/> Bilingual Records <input type="checkbox"/> Latest LPAC Information <input type="checkbox"/> Oral Language Test Results <input type="checkbox"/> Achievement Test Results <input type="checkbox"/> TELPAS Results <input type="checkbox"/> Exit Letter (if applicable) <input type="checkbox"/> Monitoring Results <input type="checkbox"/> Parent Permission <input type="checkbox"/> Home Language Survey <input type="checkbox"/> TAKS Results <input type="checkbox"/> TAKS Exemption Documentation <input type="checkbox"/> Parent Notification
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PLEASE SEND THESE DOCUMENTS TO:  SCHOOL  TESTING CENTER

School Address: Street City      State      ZIP Fax No.	Katy ISD Testing Center  ATTN: _____  FAX #281-644-1845
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Comments:

You have my permission for these records to be released to the Katy Independent School District.

Signature	Relationship to Child
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