

# AISD Records Request Form

Stephen F. Austin High School  
Office of the Registrar  
1715 W. Cesar Chavez St., Austin Texas 78703  
Phone 512-414-2505 / Fax 512-414-7373

*For Office Use Only:*

Mailed    Faxed    Emailed    For pick up

Date completed \_\_\_\_\_

Date of Request: \_\_\_\_\_

## Student Information

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

AISD Student Number: \_\_\_\_\_

Current or Last AISD School Attended: \_\_\_\_\_

Current or Last Grade Completed: \_\_\_\_\_ Current or Last Year Attended: \_\_\_\_\_

## Requestor's Information

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

*By signing this form below I am acknowledging that I have the right to obtain the information requested, that I have provided accurate information, and that I give permission to share the information by the method I have indicated.*

Requestor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## AISD High School Transcript Request

Name at time of graduation

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

OR – Name of student who did NOT graduate from Austin HS

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle initial: \_\_\_\_\_

## How should we share your records?

I WILL PICK UP MY TRANSCRIPT

I AUTHORIZE \_\_\_\_\_ TO PICK UP MY TRANSCRIPT

PLEASE FAX MY TRANSCRIPT TO (FAX NUMBER): \_\_\_\_\_

PLEASE MAIL MY TRANSCRIPT TO:

Home \_\_\_\_\_

street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Other (name of institution) \_\_\_\_\_

street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

PLEASE EMAIL MY TRANSCRIPT TO: \_\_\_\_\_ @ \_\_\_\_\_

*Authorization to release records: I authorize the Austin Independent School District and its representatives, to release the information requested above in the manner in which I have marked.*

Student's Signature (if over 18): \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if student is under 18): \_\_\_\_\_ Date \_\_\_\_\_