Bastrop Independent School District

Student Data Release Form

Date: _____

Student Name: _____

Student Date of Birth: _____

Student Grade: _____

I, the undersigned, wish to have information sent to the school named below, according to the Family Educational Rights and Privacy Act of 1976, which safeguards the distribution of school records. I hereby authorize the Bastrop Independent School District to secure the past and present academic records and other appropriate school records of the above named student, including:

_____	Immunization Records	_____	Grade/Report Card
_____	Psychological Reports	_____	Achievement Scores
_____	Birth Certificate	_____	ESL Testing/Placement
_____	Speech Assessment	_____	Special Education Testing/Placement

Please send to:

Campus:_____

Address:_____

_____

Phone: _____

Fax:_____

Last School Attended:

Name of School:_____

Address:_____

_____

Zip: _____

_____ _____

Signature of Parent/Guardian Date

_____

Current address

Last update August 2011