

RE: RECORD REQUEST

DATE: _____

Check the records you are requesting:

<input type="checkbox"/> High School Transcript	<input type="checkbox"/> Early Education Records
<input type="checkbox"/> Shot Record	<input type="checkbox"/> Special Education Records
<input type="checkbox"/> Other - _____	

NAME Last (Maiden)	First	Middle
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Date of Birth: _____

Last AISD School Attended: _____

Year Graduated or Last Year Attended: _____

Address or Fax # where you want the records sent:

_____ Name

_____ Address

_____ City	_____ State	_____ Zip Code
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SIGNATURE

The Amarillo Public Schools has a policy of providing the first records free. There is a \$3.00 charge for multiple copies. Please send cash, check or money order made payable to Amarillo Public Schools which can be mailed to:

Student Records
Amarillo ISD
7200 I-40 West
Amarillo, TX 79106

If you have any questions, you can call, email, or fax, us, and we will try to help you with your questions:

Mary Ann Wilson: 806/326-1350
maryann.wilson@amaisd.org
Susan Adlong: 806/326-1352
susan.adlong@amaisd.org
Fax: 806/354-5062

FOR OFFICE USE ONLY:		
Date Mailed: _____	Reel No.: _____	CD: _____
Date Faxed: _____	Winocular: _____	Skyward: _____
Date Picked Up: _____		
Receipt No.: _____	Amount: _____	Cash: _____ Check: _____ Money Order: _____