



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
Psychological Reports
Birth Certificate
Speech Assessment
Grade/Report Card
Achievement Scores
ESL Testing/Placement
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