



# San Benito Consolidated Independent School District

## Public Education Information Management System

240 N. Crockett St. • San Benito, TX 78586 • Phone (956) 361-6154 • Fax (956) 361-6166

### REQUEST FOR STUDENT RECORDS

**INSTRUCTIONS** Complete form and return, along with a copy of a driver's license or photo ID via mail or fax to the number above. Please allow at least 7 business days for the completion of your verification request.

#### STUDENT INFORMATION (Please print clearly)

Name Student Used in School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last School Attended \_\_\_\_\_ Social Security Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

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

Last Year of Attendance \_\_\_\_\_ Last Grade Level Completed \_\_\_\_\_

Graduated  YES  NO

#### WHAT IS THE RECORD NEEDED FOR: (Please check one of the boxes below)

College  Employment  Identification  Social Security  Immigration  Passport  Other \_\_\_\_\_

#### PICK UP BY (Only fill out below if someone else will be picking up for you)

I hereby authorize the following person to pick up my records.

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

Relationship \_\_\_\_\_ (Person must provide proof of relationship & Copy of Photo ID)

#### NOTE Anyone signing this request form must provide a copy of a driver's license or photo ID

\_\_\_\_\_  
Signature of student or parent/legal guardian

\_\_\_\_\_  
Date

#### OFFICE USE ONLY

Received by \_\_\_\_\_ Date \_\_\_\_\_

Processed by \_\_\_\_\_ Date \_\_\_\_\_

Type of Action  Walk-In  Sealed/Mailed  No record found  Never picked up  Phone