

REQUEST FOR SCHOOL RECORDS

Canton Independent School District
1045 South Buffalo
Canton, Texas 75103
Phone: 903-567-4179
Fax: 903-567-2370
Email: stwilk@cantonisd.com

Student Name: _____

Date of Birth: _____ Year Graduated: _____

Person requesting records: _____

Records Requested: (Please check all that apply)

- Transcript/Grades Special Program Records Other _____
 Health Records Test Results _____

PERSON HAVING PERMISSION TO PICK-UP STUDENT'S RECORDS

COLLEGE, INSTITUTE OR EMPLOYER INFORMATION

College, Institute, Employer Name: _____

Address: _____

Fax Number: _____

Signature

Date

Office Use:

Identification Received: _____

Records: _____ Picked up _____ Mailed _____ Faxed _____

Staff Name and Date: _____

Graduating students who are completing the request for records form must provide a copy of a photo ID to be placed on file in the culm folder for future record request. Canton ISD will no longer release student records to anyone except the 18 or older student or to minor student's parents or guardian unless permission is provided on this form.