

**RICHARDSON INDEPENDENT SCHOOL DISTRICT  
STUDENT RECORDS REQUEST FORM**

Fill out the form below to obtain a copy of a student transcript. A parent may request a copy of their child's transcript only if that child is under the age of 18 and therefore considered an eligible student under Federal Law. Once the child reaches the age of 18 the rights are passed from the parent to the child.

A government issued picture ID (i.e., driver's license, passport, etc.) needs to be presented in order to obtain any records. A standard transcript copy charge is \$2.00 (unless transcript is archived then an additional charge of \$10.00 for retrieval and refile is added.) The transcript includes the front and back of the cumulative and health cards. If multiple copies are needed, include a \$2.00 for each additional copy. Any additional pages requested not considered a standard transcript is \$.10 cents each. The charge for the District Official Stamp is \$5.00.

**Return this form with payment to:** Richardson Independent School District  
Attn: Records Management  
400 South Greenville Avenue  
Richardson, TX 75081

**NOTE:** If you graduated from a RISD high school, please contact that school to obtain a copy of your transcript. If you withdrew before graduating, please complete this form and return it to Records Management.

**STUDENT INFORMATION:**

|                        |               |                       |                       |
|------------------------|---------------|-----------------------|-----------------------|
| LAST NAME              | FIRST NAME    | M.I.                  | MAIDEN NAME           |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | YEAR LAST<br>ATTENDED | SCHOOL- LAST ATTENDED |

**REQUESTOR INFORMATION:**

|                      |       |          |              |
|----------------------|-------|----------|--------------|
| CURRENT HOME ADDRESS |       |          |              |
| CITY                 | STATE | ZIP CODE | ( )<br>PHONE |

I hereby authorize the release of the education records for the student named above to the person or institutions list. I understand that to ensure confidentiality, the records requested can not be faxed. I also understand that none of the records will be mailed until full payment has been received by Richardson ISD.

|                      |      |            |
|----------------------|------|------------|
| SIGNATURE OF STUDENT | DATE | PRINT NAME |
|----------------------|------|------------|

|                                |  |
|--------------------------------|--|
| SIGNATURE (OTHER THAN STUDENT) | RELATIONSHIP TO STUDENT (PLEASE PRINT) |
|--------------------------------|--|

An additional copy should be mailed to the address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_