

North East Independent School District

8961 TESORO DRIVE SUITE 412 SAN ANTONIO, TEXAS 78217
210-804-7139
210-804-7158 (fax)

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS ACADEMIC ACHIEVEMENT RECORD (AAR) / TRANSCRIPT

Student's Name at Enrollment: _____ Student ID # _____

DOB: _____ Phone: _____

Last School Attended: _____

Year Last Attended: _____ Graduated: _____ Yes _____ No

NEISD HAS PERMISSION TO RELEASE INFORMATION TO THE FOLLOWING PERSON/PLACE:

NAME: _____ Other institutions as requested: YES NO

ADDRESS: _____

PHONE: _____

PURPOSE OF DISCLOSURE: _____ Educational Planning _____ Employer _____ Student Transfer
_____ Military _____ Other

Universities or other entities that request official copies of the AAR directly from the school district are responsible for obtaining authority from students for release of such records. Students may also request direct mailings of official copies to colleges or to prospective employers. An official AAR provided by the school district to the authorized requesting institution implies that the AAR is transmitted directly from the district to the authorized requesting authority without the possibility of alteration. A transcript copy will be marked or stamped "OFFICIAL COPY" only at the time of release to another institution or student-approved recipient, *EXCLUDING PARENTS*. This stamp or manual entry is never put on the original file document and is not placed on the copy provided to the student or family.
{*Minimum Standards for AAR - TEA 9/2000*}

_____ I authorize the release of test scores including but not limited to ACT, AP, PSAT, SAT.

_____ I authorize the release of my *immunizations records with my transcript*.

_____ My information may be released to other colleges and universities when requested in writing with my guidance office. This consent is valid for one year and I understand that my consent is voluntary and may be revoked in writing at any time.

_____ I understand that I will be notified of each release of educationally related information that I do not initiate in writing.

_____ I have been fully informed and understand the district's request for my consent for release of student records. This information will be released upon my written consent.

Signature (PARENT'S SIGNATURE REQUIRED IF UNDER 18)

Date

FOR OFFICE USE ONLY

RELEASED TO: _____

ID VERIFICATION: _____ EXPIRATION DATE: _____

VERIFIED BY: _____