

Hill Elementary School Austin I.S.D. 8601 Tallwood Drive Austin, Texas 78759 Office (512) 414-2369 FAX (512) 841-8105



Request For Student Records

Date				0
TO:				
	Name and address of previous school			
-		<u> </u>		
RE:	Student Name	Grade	Date of Birth	_
recor recor	e forward the above na ds, discipline records, a ds, enrollment/withdra ation folders, if applical	grade reports, transc wal information, PE	cripts, nurse's records,	counseling
Than	k you for your prompt	attention to this req	uest.	
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Signa	ture of Registrar			

*Parental permission for release of these records is not required if, in accordance with statute 20 USC S 123 g(b)(1)(B),34CFR S 99.31 and CFR S 99.34, your district has a policy of annually notifying parents that such records will be forwarded upon request from another school district.

