

ROSWELL INDEPENDENT SCHOOL DISTRICT

300 N. KENTUCKY, ROSWELL, NM 88201

Phone: 575-627-2522 Fax: 575-627-2524

STUDENT RECORDS/TRANSCRIPT REQUEST FORM

Compliance with the Federal Privacy Act requires completion of this form.

PROCEDURES TO OBTAIN EDUCATION RECORDS:

- 1. Complete the information requested on this form;
2. Submit this form and a processing fee of \$5.00 we accept Cash, Cashiers Check or Money Order payable to RISD, PO Box 1437, Roswell, NM 88201-1437; (No Personal Checks)
3. Student record/transcript will be processed with the receipt of payment and completed Student Records Transcript Request Form; and a copy of your Photo ID;
4. Student record/transcript will be released and mailed or may be picked up in one to five business days;
5. Student record/transcript will not be released if the Student Records/Transcript Request Form is incomplete and/or the fee is not paid.

NAME WHILE ATTENDING ROSWELL INDEPENDENT SCHOOL DISTRICT

Last: First Middle

Birth Date Last Roswell Independent School Attended

Year graduated or last year attended Did you graduate? YES No

Home telephone number Alternate telephone number

REQUEST FOR THE FOLLOWING INFORMATION

Transcript Health record Other

NAME & MAILING ADDRESS WHERE RECORDS ARE TO BE SENT

Name Address

City State Zip

Signature of student required if 18 years old or older or signature of parent/legal guardian if student is under 18 years of age. X

(AUTHORIZING SIGNATURE)

Note: There is a \$5.00 fee for records/transcripts being sent to colleges, universities, employers, personal use, etc. The fee is applicable for each high school, middle school or elementary school permanent record and twenty-five cents per sheet for other records. Student Records/Transcript Request Form and fee are to be sent to Carla Lopez, RISD, PO Box 1437, Roswell, NM, 88201-1437.

FOR RISD USE ONLY

DATE OF REQUEST PAID AMOUNT PAID
DATE SENT SENT BY PICTURE ID VERIFIED BY
NAME YEAR SCHOOL REEL/CD