

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 Sostena Sue-z Gonzales, 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 _____