

SR #

DRIPPING SPRINGS ISD Student Records Request Form

Requestor's Name:	
Phone:	Address:
E-mail:	City/State/Zip:

Documents/Records Requested (details):

I would like these documents/records to be made available by the following method:

Viewed without charge in person during regular school hours

Copied at a cost of 10 cents per page

Signature:	Date:
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E-mail to:
RecordsRequest@dsisdtx.us

or Mail to:
DSISD Attn: Student Records Request
PO Bo 479
Dripping Springs, TX 78620

or Deliver to:
DSISD Central Office
510 W. Mercer St.
Dripping Springs, TX

FOR OFFICE USE ONLY

See Attached Request

Date Received:	Date Due:	Return to:
Person(s) Responsible:		
Notes on Legal Timeline:		
Other Notes:		
Time Spent:		
Cost: Total Number of Pages _____ x 10 cents per page = _____		Payment Received (date): _____