

**Time Stamped** 

## **LANIER MIDDLE SCHOOL**

## REQUEST FOR STUDENT RECORDS

Student's Legal Name:		
Date of Birth:	_ Current Grade: _	HISD ID#:
Records Requested by:		Phone Number:
Relationship to Student:Parent ,	/ Legal Guardian _	Other (please specify)
Signature		Date
Records Being Requested:		
6 <sup>th</sup> Grade Report Card		
7 <sup>th</sup> Grade Report Card		
Current Report Card (Fall Semes	ter of Current Scho	ool Year)
Standardized Test Scores		
Attendance		
Immunization		
Please allow up to 2 school days for pr sealed envelope. Please email Ms. Tra- information.	<del>-</del>	will be sent home with your student in a noustonisd.org for additional
Received By (Student Signature)	_	Date
Records Issued By		Date