



## Springtown ISD Records Request Form

Full Name of Requestor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Full Name on Requested Record: \_\_\_\_\_

Last 4 Digits of Social Security Number \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Description of your request (Please attach separate pages if needed):

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Date Submitted (SISD only): \_\_\_\_\_ Date Received (SISD only): \_\_\_\_\_

Received by (SISD Only): \_\_\_\_\_

I prefer to receive documents for this request by  e-mail  U.S. Mail

Fax (fax # \_\_\_\_\_)

**Please submit by mail, fax, or e-mail to:**

Records Request  
Springtown ISD  
301 E. 5th Street  
Springtown, TX 76082  
nfalcon@springtownisd.net  
fax: 817-523-5766