Odem-Edroy Independent School District
One Owl Square
Odem, TX 78370

REQUEST FOR STUDENT INFORMATION

*****Please allow 2 business days for processing*****

Date of Birth _____ Last year of attendance _____ Student ID# or last 4 of SS# _____ Phone# _____

(Print) Last Name _____ First _____ MI _____ Maiden _____

Name while attending if different from above _____ Other names used _____

Student's Signature _____ Date _____

_____ To be picked up by student
_____ To be picked up by someone other than student. Name: _____

Please Indicate (√)Information Requested:

- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Immunization Records
- ☐ Test Scores
- ☐ Transcript
- ☐ Report Card
- ☐ Sp. Ed. Records _____
  Please list type of records needed
- ☐ *Mail to: _____ copies
- ☐ *Will pick up _____ copies

Please provide complete mailing address (es)
Including name or office, address, city, state & zip code:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Parent(s)/Guardian: _____
(First Name) (Last Name)

Address: _____
(City) (State) (Zip Code)

Phone Number(s): _____
(Home) (Work) (Cell)

Parent's Signature: _____ **Date:** _____

SCHOOL CAMPUS OFFICE USE ONLY:

Date Information Request Received: _____

☐ Request Fulfilled Comments: _____
Date picked up: _____

Campus/Department Secretary Signature: _____ **Date:** _____

January 2, 2017