



Weslaco Independent School District

319 West 4th Street

P.O. Box 266

Weslaco, TX 78599-0266

Tel (956) 969-6500 Fax (956) 969-2664

Request to Inspect Education Records

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible" students.

| Student Information | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------|----------------------|
| Last Name: | First Name: | Student ID or Last 4 digits of SSN: | |
| Email: | Daytime Phone Number: | Date of Birth: | |
| Street Address : | City: | State: | Zip: |
| Records Requested: | | | |
| | | | |
| The following individuals are authorized to access the information above: | | | |
| Please PRINT full name(s): | | | |
| Student: | | | |
| Agency: | | | |
| Parent 1: | | | |
| Parent 2: | | | |
| Other (Name & Relationship) | | | |
| Signatures | | | |
| I understand that although I am not required to release this information, I am giving my consent to Weslaco ISD to disclose these records. | | | Initial _____ |
| This authorization shall stay in effect for the current academic year only or until such time as I revoke it, if earlier. | | | Initial _____ |
| Eligible Student Signature: _____ | | | Date: _____ |
| Parent Signature: _____ | | | Date: _____ |
| Principal Signature: _____ | | | Date: _____ |
| Office Use Only | | | |
| Government issued photo ID verified _____ (Copy Required) | | | |

****WISD will provide requested educational records within 72 hours.***