



Request for Student Data

The Arlington Independent School District, in accordance with the Family Educational Rights and Privacy Act, restricts access to protected student records as required by law. Directory information on students will be released upon request without a parent's consent, unless the parent elects in writing to restrict directory information. The form on which parents can indicate their choices is sent home each year.

In the AISD, parents may choose to restrict from vendors and individuals all information on their child, to restrict only address and phone number information or not restrict any information at all. Parents may also choose to provide information to colleges/universities and the branches of the military.

This data will be delivered in a comma-delimited, ASCII format. Because of the options provided to parents, there may be more than one file on the disk. Parents who have chosen not to restrict any information allow the district to provide school name, student's first name, last name, grade level, mailing address, city, state, zip code and telephone number. Limited student information includes only school name, student name and grade level. There is a fee of \$28.50 for each request, plus \$1 for saving the file to a CD and an additional \$1 if it must be mailed. The AISD can only accept cash or check for this service. Credit card payments cannot be used.

You can use the space below to indicate specific needs for your request:

Contact Name: _____ Date: _____

Company Name: _____

Address: _____

Telephone Number: _____

E-mail address: _____

Schools required: _____

Vendors/Individuals: _____ Names Only _____ Names and Addresses

Colleges/Military: _____ College/Military Information

Delivery Method: _____ E-mail _____ Mail _____ Will pick up

Mail payments to:
 Arlington ISD
 Attn: Technology Dept.
 1203 W. Pioneer Pkwy.
 Arlington, TX 76013

Grade level(s) required:

- | | | |
|-----------------------|-----------------|------------------------|
| _____ Prekindergarten | _____ 4th Grade | _____ 9th Grade |
| _____ Kindergarten | _____ 5th Grade | _____ 10th Grade |
| _____ 1st Grade | _____ 6th Grade | _____ 11th Grade |
| _____ 2nd Grade | _____ 7th Grade | _____ 12th Grade |
| _____ 3rd Grade | _____ 8th Grade | _____ Seniors of _____ |

Fax this form to the AISD technology department, 817-459-7286.

District use only

Approved: _____ Date: _____

Disk prepared: _____ Date: _____

Disk delivered and paid for: _____ Date: _____