

**ROSCOE COLLEGIATE HIGH SCHOOL**

**PHONE NUMBER**  
**(325) 766-3327**

**P.O. BOX 10**  
**700 ELM STREET**  
**ROSCOE, TEXAS 79545**

**FAX NUMBER**  
**(325) 766-3419**

**Release Form for Student Records**

**TO:** \_\_\_\_\_  
**Previous School**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip Code**

The student named below has enrolled in our school. We would appreciate your help in our effort to maintain complete school records on our students.

Please send the following information:

\_\_\_ **Transcript/Academic Records**

\_\_\_ **Medical Records**

\_\_\_ **Achievement Test Scores**

\_\_\_ **Psychological Records**

\_\_\_ **Special Education Records**

\_\_\_ **Birth Certificate**

\_\_\_ **PEIMS Identification Number**

\_\_\_ **Attendance Record**

\_\_\_ **Social Security Number**

\_\_\_ **Home Language Survey**

\_\_\_ **ESL Records**

**Please Mail Record to: Linda Hatcher**  
**Roscoe Collegiate High School**  
**P.O. Box 10**  
**Roscoe, Texas 79545**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Brandon Head, Dean of Secondary Education**

I understand the need for these records being transferred and hereby grant my permission for you to release all school records you may have concerning the above-named student to Roscoe Collegiate High School.

**Parent Signature** \_\_\_\_\_