

Date of Request: \_\_\_\_\_

Fort Stockton High School • Counselor's Office  
1200 West 17<sup>th</sup> Street • Fort Stockton, Texas 79735  
Phone: (432) 336-4153 • Fax: (432) 336-4107

**Records Released to**

To: Midland College  
(Name of School)

1309 Interstate 10  
Address (if known)

Fort Stockton, TX 79735  
City, State, Zip

432-336-7882  
Phone Fax

**Name of Student** (Please Print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Present Grade Classification:** \_\_\_\_\_

This student is enrolling at Fort Stockton High School.

Please forward his/her:

- Transcript (withdraw grades, six weeks grades & credits)
- Birth certificate
- Social security card
- State assessments (TAKS, STAAR, EOC, etc...)
- Special programs (special education, ESL, LEP & 504)
- PGP (Personal Graduation Plan) &/or Four Year Grad Plan if applicable
- At-Risk information
- Discipline records
- Attendance records
- Health records
- Shot records (Immunization Records)
- Athletic physical records if applicable
- Court Papers
- Other \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

By typing my name above, I agree that the typed name will be the electronic representation of my signature for all purposes on this document.