

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	p by student			
Please Indicate (√)Information Requested: Birth Certificate Social Security Card			Please provide complete mailing address (es)	
		Including name or office, address, city, state & zip code:		
Immunization Rec				
Transcript	Report Card			
Sp. Ed. Records _	Please list type of records needed			
*Mail to:	>			
*Will pick up				
copies				
Parent(s)/Guardian:			L 12	
	(First Name)	(Last Na	ame)	
Address:		(7) 0 1		
(Cit	ty) (State)	(Zip Code)		
Phone Number(s):	(Home)	(Work)	(Cell)	
	,	, ,	, ,	
Parent's Signature:		Date:		
SCHOOL CAMPUS	S OFFICE USE ONLY:			
Date Information Req	quest Received:	<u></u>		
Request Fulfil	led Comments:		<u> </u>	
Campus/Departmen	t Secretary Signature:	Date:		