

**Legacy Academy**  
**Honors Academy School District**  
**601 S. Washington, Kaufman, TX 75142**  
**(972) 962-0306 Fax (972) 962-2265**

**FAX**

**Official Request for Records**  
Please Mail Official Transcript

School: _____	District: _____
Address: _____	Phone: _____
City: _____	Fax: _____
State/Zip: _____	Date: _____

Dear Registrar,

Pursuant to the public law regulating release of school records, we, as officials of a public school, are requesting an official transcript of academic records, standardized test results, health records, discipline records, and any and all other records pertinent to the following named student.

Student Name: _____	SS#: _____
Date of Birth: _____	Grade: _____

The student intends to enroll or is enrolled in our school district/agency. Please send records.

- |  |   |
|--|---|
| <input type="checkbox"/> Copy of Birth Certificate<br><input type="checkbox"/> Copy of Social Security Card<br><input type="checkbox"/> Copy of Utility Bill<br><input type="checkbox"/> Copy of Shot Record<br><input type="checkbox"/> Copy of Report Card | <input type="checkbox"/> Copy of Official Transcript<br><input type="checkbox"/> Copy of TAKS/testing results<br><input type="checkbox"/> Copy of SPED records<br><input type="checkbox"/> Copy of Withdrawal |
|--|---|

Thank you for your attention to this matter. If you have any questions please call us at the above number.

Sincerely,  
Jacynnda Hodgdon  
PEIMS Coordinator/School Registrar  
TEA County/District/Campus Number 057-825-010

1<sup>st</sup> request \_\_\_ Date: \_\_\_\_\_  
2<sup>nd</sup> request \_\_\_ Date: \_\_\_\_\_