



**DRIPPING SPRINGS
INDEPENDENT SCHOOL DISTRICT**

**P.O. Box 479, Dripping Springs, TX 78620
Phone: 512-858-3038 Fax: 512-858-3098**

RELEASE OF RECORDS FORM

Date: _____

Please release the following original/official documents to _____
(Person or District Name)

via: U.S. mail at the address below
 in person:

- _____ Original Service Record(s)
- _____ Official College Transcripts
- _____ Original Teaching Certificate(s)

I understand that DSISD recommends reviewing all documents for accuracy before release. By signing below I acknowledge the accuracy of these documents.

Requestor's Name (Print)

Requestor's Signature

Recipient for Mailed Records

Address

City/State/ZIP