



The Alabama Department of Youth Services School District

PO Box 66

Mt. Meigs, Alabama 36057

Telephone: 334-215-3856

Fax: 334-215-3857

## Records Request Form

Complete and mail to: Dr. Tracy Smitherman, PO Box 66, Mt. Meigs, AL 36057

*I hereby authorize Alabama Department of Youth School District (DYS) to release all educational, medical, social and/or psychological information that has been made a part of the school records regarding the student listed below. I further release DYS from all liability and claims pertaining to disclosure of the information requested.*

**STUDENT'S LEGAL NAME (when registered in DYS):**

**Last Name**

**First Name**

**MI**

**Date of Birth**

**Date graduated or withdrawn from DYS**

**Contact Number**

**Last 4 digits of SSN**

**Records Requested by:** \_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Original Signature)

Relationship to Student: \_\_\_\_ Self (if over 18) \_\_\_\_ Parent or legal guardian (documentation must provide guardianship)

*\*Please note: A photo ID is required for all records requests.*

Records Being Requested:

\_\_\_\_ All Records

\_\_\_\_ Official Transcript & Test Scores

\_\_\_\_ Only the specific records listed:

(ie: Unofficial Transcript, Birth Certificate, Immunization Records, Trade certificate, etc.)

***Records should be:***

\_\_\_\_ Held for pick up in DYS Central Office at 1000 Industrial School Road, Mt. Meigs, AL 36057

(\*A photo ID must be presented to pick up student records)

Sent by US Mail\* to: \_\_\_\_\_ (\*Photo ID attached to this request)

**ALABAMA DEPARTMENT OF YOUTH SERVICES**  
**UNIFORM**  
**FERPA CONSENT TO RELEASE STUDENT INFORMATION**

The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of his/her educational records. Please complete and sign this form to authorize release of your educational records.

Please Provide information from the education records of:

\_\_\_\_\_  
Student's Name (Print Last, First, Middle Initial)                      Student's Social Security Number

To: \_\_\_\_\_  
Name of Requestor (Print Last, First, Middle Initial)

\_\_\_\_\_  
Daytime Phone Number                      Alternate Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
If the Student is under the age of 18 are you the parent? Yes \_\_\_\_ or No \_\_\_\_

**Release Authorization**

I hereby authorize the Alabama Department of Youth Services to release information regarding my academic records to the individual named above. ***I understand the information may be released orally or in the form of copies of written records, as preferred by the requestor. I understand that this form remains in effect until otherwise revoked by me. This consent only covers educational records held by the Alabama Department of Youth Services.***

\_\_\_\_\_  
Student Name (Print)                      Date

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Notary Public Signature                      My Commission Expires                      Date  
Form Must Be Notarized If Not Delivered In Person