



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Date graduated or withdrawn from DYS **Contact Number** **Last 4 digits of SSN**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)

