



The Alabama Department of Youth Services School District

PO Box 66

Mt. Meigs, Alabama 36057

Telephone: 334-215-3860 Fax: 334-215-3857

Records Request Form

Complete and mail to: DYS Attn: School District, 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Date graduated or withdrawn from DYS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 5 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:

(i.e: 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 Last 5 digits of SSN

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