WINDHAM SCHOOL DISTRICT EDUCATIONAL RECORDS REQUEST



PLEASE READ CAREFULLY AND FOLLOW ALL INSTRUCTIONS.

| Name: | |
|--|---|
| (Please print name used when incarcerated, |) |
| | XXX-XX- ast four digits only) Phone: |
| Student's Signature: | Date: |
| (Actual signature is req | Quired – <u>Typed name will not be accepted.</u>) |
| I request the following records (c | check all that apply): |
| ☐ GED Scores | ☐ OJT Records |
| *Windham School District cannot p | |
| certificate; High School Equivalenc | |
| (GED) are issued by the Texas Educ | |
| at www.txchse.com. | |
| If you are unsuccessful at locating y | |
| certificate, we can possibly provide | the *Duplicate certificates are not issued for this |
| information needed. | program. Reports of module completion are |
| | provided, if available. |
| ☐ Duplicate Windham Vocat | |
| Certificate(s) | ☐ Cognitive Intervention Records* |
| Please list the vocational certificate | • |
| | program. Reports of module completion are |
| | provided, if available. |
| ☐ Duplicate Windham High | School Other |
| _ | |
| Diploma | |
| Please send my records to th | e following Mail, fax, or email this completed |
| (check one and provide information): | and signed request form to one of |
| | the following: |
| ☐ MAILING ADDRESS: | the following. |
| (Name of Recipient) | Mailing Address: |
| (ivame of Recipient) | Windham Records Office |
| (Street Address) | |
| (Street Hadress) | P.O. Box 40 |
| (City, State, Zip Code) | Huntsville, TX 77342 |
| (ens), sierie, zip code) | |
| ☐ FAX NUMBER: | Fax: |
| | (936)291-5344 |
| ATTENTION: | |
| | Email: |
| ☐ EMAIL ADDRESS: | |
| | records@wsdtx.org |