



Friona High School



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Erika Montana
Principal

Danny Finch
Assistant Principal

Jimmy Arias
Athletic Director

Allison Johnston
Counselor

Angela Hochstein
Academic Student Services

REQUEST FOR RELEASE OF STUDENT RECORDS

Date: _____

Student Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: _____

Date of Birth: _____ Social Security or State ID #: _____

Current Grade/Year of Completion: _____ Last Date Attended: _____

Person Making Request: _____ Signature: _____

Records Requested:

Immunization Records

Copy of Last Report Card

Complete Cumulative Academic Record

Transcript

Test Records

Other Records: _____

Record Delivery (Please select):

For a transcript to a post-secondary institution, please send records to:

Institution Address: _____

City: _____

State: _____ Zip: _____

Records will be picked up at Friona High School

Please allow 5 business days for the records request to be processed.

Charges may apply for additional copies.

Proper identification is required.

Office Use Only:

Request Received by: _____

Fulfilled by: _____

Request was: Emailed Faxed Mailed Received in Person Date: _____