

**WINDHAM SCHOOL DISTRICT
RECORDS REQUEST**

NAME _____ TDCJ# _____
(Please print name used when incarcerated)

BIRTH DATE _____ SS# XXX-XX- _____ PHONE# _____
Last four digits only

Student's Signature _____ DATE _____
(Actual signature required – Typed name will not be accepted.)

I am requesting the following [Check all that apply. If starred (*), please read the information at the bottom of the form regarding your choices]:

- | | | |
|---|--|--|
| <input type="checkbox"/> GED Scores* | <input type="checkbox"/> Help in locating GED certificate** | <input type="checkbox"/> Duplicate APL High School Diploma |
| <input type="checkbox"/> Duplicate Windham Vocational Certificate(s) | <input type="checkbox"/> OJT records**** | |
| Please list the vocational certificates you are requesting: | | <input type="checkbox"/> CHANGES records**** |
| _____ | | <input type="checkbox"/> Cognitive Intervention records**** |
| _____ | | <input type="checkbox"/> Other _____ |
| _____ | | _____ |

Please send my records to the following (check one and provide the information requested):

- | | |
|--|---|
| <input type="checkbox"/> MAILING ADDRESS: | <input type="checkbox"/> FAX NUMBER: _____ |
| _____ | ATTENTION: _____ |
| <i>(Name)</i> | |
| _____ | <input type="checkbox"/> EMAIL ADDRESS: |
| <i>(Street Address)</i> | _____ |
| _____ | |
| <i>(City, State, Zip Code)</i> | |

Mail, fax or email this completed and **signed** request form to one of the following:

Windham Records Office
P.O. Box 40
Huntsville, TX 77342
Fax: (936) 291-5344 Email: records@wsdtx.org

*GED certificates are issued only by the Texas Education Agency at www.txchse.com.
**If you were unsuccessful in locating your GED at www.txchse.com, we can possibly provide the information needed.
***We can provide records only. Duplicate certificates can be requested from Career & Technical Education's OJT Desk.
****Duplicate certificates are not issued for this program. Only a printout of your records can be provided.